**Preferences Instrument for Genomic Secondary Results**

**www.PIGSR.org**

How would you like your child’s doctor to use the genetic information of you and your child? (Mark one box)

* To find out whether there is a genetic cause for my child’s illness ONLY
* To find out whether there is a genetic cause for my child’s illness AND to find out about other possible health issues. (Proceed to Page 2)

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I want my child's doctor, if possible, to use the genetic information to tell me about my...

|  |  |
| --- | --- |
| Chance of developing Obesity | 🞏 Yes🞏 No🞏 Unsure |
| Chance of developing High Cholesterol or High Blood Pressure | 🞏 Yes🞏 No🞏 Unsure |
| Chance of developing Diabetes | 🞏 Yes🞏 No🞏 Unsure |
| Chance of developing Heart Attack, Heart Rhythm Problem, or Stroke | 🞏 Yes🞏 No🞏 Unsure |
| Chance of getting Alzheimer’s Disease | 🞏 Yes🞏 No🞏 Unsure |
| Chance of getting Parkinson’s Disease | 🞏 Yes🞏 No🞏 Unsure |
| Chance of getting Bipolar Disorder, Schizophrenia, or other Mental Illnesses | 🞏 Yes🞏 No🞏 Unsure |
| Chance of developing Breast or Ovarian Cancer (if you are a female) | 🞏 Yes🞏 No🞏 Unsure |
| Chance of developing Prostate or Testicular Cancer (if you are a male) | 🞏 Yes🞏 No🞏 Unsure |
| Chance of developing Colon, Lung or other Cancers | 🞏 Yes🞏 No🞏 Unsure |
| Chance of having a child with Sickle Cell Disease | 🞏 Yes🞏 No🞏 Unsure |
| Chance of having a child with Cystic Fibrosis | 🞏 Yes🞏 No🞏 Unsure |
| Chance of having a child with Muscular Dystrophy | 🞏 Yes🞏 No🞏 Unsure |
| Chance of having a child with Autism | 🞏 Yes🞏 No🞏 Unsure |