

Survey Questions

1. What is your gender?
2. What is your age range?
3. What is your zip code?
4. What is your highest level of education?
5. What is your ethnicity?
6. Have you or will you use this FHH tool?
7. Did you or will you share this FHH tool with your family?
8. Did you or will you seek cancer screening after using this tool?
9. Did you or will you share this FHH tool with your doctor?
10. Did your doctor make any recommendations based on the information from this FHH tool?
11. Did your doctor suggest you make any of the following lifestyle changes after using this tool? Check all that apply
 - a. Quit Smoking
 - b. Change eating habits
 - c. Start exercising
 - d. Breast self-exam