

## Multidimensional Impact of Cancer Risk Assessment (MICRA)

The questions below are about some specific responses you may have had after receiving your genetic test results. Please answer every question in Section 1, regardless of whether you were given a positive or negative test result. Please indicate whether you have experienced each statement *never, rarely, sometimes, or often in the past week*, by circling the corresponding number.

### Section 1.

	Never	Rarely	Sometimes	Often
1. Feeling upset about my test result.	0	1	3	5
2. Feeling sad about my test result.	0	1	3	5
3. Feeling anxious or nervous about my test result.	0	1	3	5
4. Feeling guilty about my test result	0	1	3	5
5. Feeling relieved about my test result	0	1	3	5
6. Feeling happy about my test result	0	1	3	5
7. Feeling a loss of control.	0	1	3	5
8. Having problems enjoying life because of my test result.	0	1	3	5
9. Worrying about my risk of getting cancer (or getting cancer again if you have ever been diagnosed with cancer).	0	1	3	5
10. Being uncertain about what my test result means about my cancer risk.	0	1	3	5
11. Being uncertain about what my test result means for my child(ren) and/or family's cancer risk.	0	1	3	5
12. Having difficulty making decisions about cancer screening or prevention (e.g., having preventive surgery or getting medical tests done).	0	1	3	5
13. Understanding clearly my choices for cancer prevention or early detection	0	1	3	5
14. Feeling frustrated that there are no definite cancer prevention guidelines for me.	0	1	3	5
15. Thinking about my test results has affected my work or family life.	0	1	3	5

**Remember, we are talking about the past seven days.**

	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>
16. Feeling concerned about how my test results will affect my insurance status.	0	1	3	5
17. Having difficulty talking about my test results with family members.	0	1	3	5
18. Feeling that my family has been supportive during the genetic counseling and testing process.	0	1	3	5
19. Feeling satisfied with family communication about my genetic test result.	0	1	3	5
20. Worrying that the genetic counseling and testing process has brought about conflict within my family.	0	1	3	5
21. Feeling regret about getting my test results.	0	1	3	5

**Section 2.** *If you have children, regardless of your test result, please answer questions # 22 and 23. Otherwise, please go to Section 3.*

	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>
22. Worrying about the possibility of my children getting cancer.	0	1	3	5
23. Feeling guilty about possibly passing on the disease risk to my child(ren).	0	1	3	5

**Section 3.** *If you currently have cancer, or have had it in the past, please answer questions # 24 and 25. Otherwise, please check this box : you are finished with this questionnaire.*

	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>
24. Feeling that the genetic test result has made it harder to cope with my cancer.	0	1	3	5
25. Feeling that the genetic test result has made it easier to cope with my cancer.	0	1	3	5

*Note:* Distress subscale = Items 1-4, 7 and 8; Uncertainty subscale = Items 9-12, 14-17, and 20; Positive Experiences subscale (reverse scored) = Items 5, 6, 18 and 19. Subscales are scored by summing circled numbers.