7) Would you ever want your children to have the MMR (Measles, Mumps and Rubella) Vaccine?  
(Please circle answer) 
Yes/No

If “No”, why would you not want your child to have the MMR vaccine? 
............................................................................................................................................
............................................................................................................................................
............................................................................................................................................

8) If nuclear power continues to develop, would it worry you?  
(Please tick answer) 
Yes
No
Unsure

If “Yes”, why? 
............................................................................................................................................
............................................................................................................................................
............................................................................................................................................

If “No”, why? 
............................................................................................................................................
............................................................................................................................................
............................................................................................................................................

9) If you knew that one of your relatives/ancestors had a genetic disease(s) or disorder(s) and then you were concerned that your baby may have this as well, would you plan to have a designer baby?  
(Please tick answer) 
Yes
Possibly
No
Don’t know