

## Questionnaire for online genetic counseling

- The results of this survey will be used solely for the purpose of improving the quality of online genetic counseling.
- This survey is not intended to identify individuals.
- After completing the questionnaire, please place it in the enclosed return envelope and mail it anonymously.

Date of Completion: Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

**Please circle the most applicable options or fill in the blanks as appropriate.**

**Gender:** Male / Female

**Age:** 20s / 30s / 40s / 50s / 60s / 70 or older

**Consultation Topic:** Hereditary hearing loss / Hereditary retinal disease / Hereditary cancer  
Congenital pediatric disorders / Other (\_\_\_\_\_)

**Relationship to the Individual with Symptoms:**

Self / Parent / Child / Sibling / Grandparent / Cousin / Other (\_\_\_\_\_)

**Number of Genetic Counseling Sessions:** First / Second / Third / Fourth or more

**Travel Time to the Hospital:** Under 30 minutes / 30-60 minutes / 1-2 hours / Over 2 hours

**(1) Please circle the number that best applies to you.**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>Regarding Genetic Counseling</b>					
Q1. I understood my genetic risks even before the counseling session.	1	2	3	4	5
Q2. The counselor introduced themselves and explained their role before starting the session.	1	2	3	4	5
Q3. The counselor listened to and respected the information I provided.	1	2	3	4	5
Q4. The counselor provided the information I needed.	1	2	3	4	5
Q5. The counselor appropriately answered my questions.	1	2	3	4	5
Q6. Personal information about me and my family was kept confidential.	1	2	3	4	5
Q7. I am satisfied with the advice I received today.	1	2	3	4	5
Q8. I would recommend this genetic counseling session to other family members.	1	2	3	4	5
Q9. If possible, I would prefer to have in-person genetic counseling for the next session.	1	2	3	4	5
Q10. I believe that satisfaction levels for online and in person genetic counseling are the same.	1	2	3	4	5
Q11. Overall, I am satisfied with today's genetic counseling session.	1	2	3	4	5

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<b>Regarding Communication Devices and Connection Quality</b>					
Q1. The communication device was delivered to my home without any issues.	1	2	3	4	5
Q2. The communication device was easy to use.	1	2	3	4	5
Q3. During the online genetic counseling session, the counselor's voice was clear.	1	2	3	4	5
Q4. The screen was stable during the online genetic counseling session.	1	2	3	4	5
Q5. I felt comfortable asking questions during the online genetic counseling session.	1	2	3	4	5
Q6. I was concerned about the risk of personal information being leaked during the session.	1	2	3	4	5
Q7. Returning the communication device was easy.	1	2	3	4	5

**(2) Compared to in-person genetic counseling, if you noticed any advantages or disadvantages of online genetic counseling, please share them freely.**

**(3) Please feel free to share your thoughts and requests regarding today's genetic counseling session.**

Thank you very much for your cooperation.