

Questionnaire for in-person 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
Regarding Genetic Counseling					
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 online 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

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