

Online Appendix 2: Survey Items about personal and professional experiences of ELSI Genetics participants

ABOUT YOUR PRACTICE

1. Our curriculum involves cases/tutorials about the issues that occur when you care for patients with genetic disorders. Have you had experience (in your practice or personally) with any of the following diseases? (Please check all that apply)
 - ☐ Inherited thrombophilia
 - ☐ Down syndrome
 - ☐ Inherited breast cancer
 - ☐ Alzheimer dementia
 - ☐ Inherited colon cancer
 - ☐ Androgen insensitivity syndrome
 - ☐ Hemochromatosis (iron overload)
 - ☐ Huntington disease
 - ☐ Cystic fibrosis
 - ☐ Klinefelter syndrome
 - ☐ None of the above

Think about your current practice in the past year....

2. How often have you taken care of patients whose main problem is an inherited genetic disorder?
 - ☐ Never
 - ☐ A few times
 - ☐ Sometimes
 - ☐ Often
3. How often have you ordered a DNA or genetic test for a patient?
 - ☐ Never (*skip to question 5*)
 - ☐ A few times
 - ☐ Sometimes
 - ☐ Often
4. When you ordered a DNA or genetic test, how much time did you spend discussing risks/benefits of testing?
 - ☐ Did not discuss
 - ☐ Discussed briefly or just mentioned
 - ☐ Discussed for a few minutes
 - ☐ Discussed in depth
5. How often have you referred a patient to a genetic professional?
 - ☐ Never (*skip to question 7*)
 - ☐ A few times
 - ☐ Sometimes
 - ☐ Often
6. How often have you directly interacted with a genetic professional (by phone, in person)?

- ☐ Never
- ☐ A few times
- ☐ Sometimes
- ☐ Often

7. How much do you know about the training and practice of a genetic professional?

- ☐ Nothing
- ☐ A little bit
- ☐ Some
- ☐ A lot

ABOUT YOU

8. Have you had personal experience outside your practice (e.g., with a friend or family member) who has had a serious genetic disorder (such as cystic fibrosis, inherited thrombophilia, or muscular dystrophy)?

- ☐ Yes
- ☐ No (*skip to question 10*)

9. How involved have you been in their care?

- ☐ Not involved
- ☐ Slightly involved
- ☐ Moderately involved
- ☐ Significantly involved

10. What year did you graduate from medical school?

11. What is your gender?

- ☐ Male
- ☐ Female