



\* 1. Is this your first visit with EWBC for any type of appointment?

Yes

No

\* 2. What is your age?

18 to 30

61 to 70

31 to 40

71 to 80

41 to 50

81 or older

51 to 60

\* 3. How was your recent genetic counseling session conducted?

Teleconference (Zoom)

In-person at EWBC office

Telephone

\* 4. About your genetic counseling appointment:

	Excellent	Good	Fair	Poor
How easy was it to schedule your genetic counseling appointment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the support staff explain the process and answer your questions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How do you feel about the time you waited for your initial appointment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 5. About our genetic counselor:

	Excellent	Good	Fair	Poor
Did the genetic counselor provide clear explanations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the genetic counselor listen to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Did the genetic counselor answer your questions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 6. What is the likelihood referring friends and family to EWBC?

Excellent	Good	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Additional Comments:

8. Date and time of your appointment:

Appointment:

Date	Time	AM/PM
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="hh"/> <input type="text" value="mm"/>	<input type="text" value="-"/>

Thank you for taking the time to fill out this survey. If you would like to speak to an EWBC patient advocate about this survey or our office, please call 585-758-7083.