

APOL1 Provider Follow-Up Survey Questions (Please do not put your name on this survey)

Please answer a few questions about your experience with genetic testing for common, chronic conditions.

How much do you agree or disagree with the following statements?	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Genetic testing for risk for common diseases offers information that is clinically useful	<input type="checkbox"/>				
2. Within the next five years, genetic medicine will improve clinical outcomes.	<input type="checkbox"/>				
3. I am knowledgeable about the genetic basis of common diseases.	<input type="checkbox"/>				
4. I feel ready to take care of patients who have had genetic testing for common diseases.	<input type="checkbox"/>				
5. Within the next 5 years, insurance will cover the cost of genetic testing for disease risk.	<input type="checkbox"/>				
6. I am concerned that genetic testing will lead to insurance discrimination.	<input type="checkbox"/>				
7. Genetic testing will motivate my patients to adopt healthy behaviors.	<input type="checkbox"/>				
8. My patients will be interested in having genetic testing for common diseases.	<input type="checkbox"/>				
9. I trust the companies that offer genetic testing for the risk of developing common diseases.	<input type="checkbox"/>				
10. I'm confident interpreting genetic tests results.	<input type="checkbox"/>				
11. Race/ancestry can identify patients who can benefit from screening for certain diseases.	<input type="checkbox"/>				
12. Genetic variation provides some clues to causes of specific racial and ethnic disparities	<input type="checkbox"/>				
13. I consider patient's race/ancestry when deciding which medications to prescribe.	<input type="checkbox"/>				
14. I consider my patient's race/ancestry in determining genetic risk for common diseases.	<input type="checkbox"/>				
15. My training has prepared me to work with patients at high risk for genetic conditions.	<input type="checkbox"/>				
				Yes	No
16. In the past 12 months, have you ordered a genetic test for any of your patients?				<input type="checkbox"/>	<input type="checkbox"/>
17. In the past 12 months, have you returned genetic results to any patient?				<input type="checkbox"/>	<input type="checkbox"/>
18. In the past 12 months, have you referred patients for genetic counseling?				<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	A little bit	Somewhat	Very much
19. How much do you think people's genes determine their risk of developing hypertension?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. How much do you think people's genes determine their risk of developing kidney disease/failure (CKD)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you think discussing genetic risk for the development of CKD will delay or prevent CKD in patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Will telling patients they have a genetically increased risk of CKD cause them excessive worry or stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. If a hypertensive patient without CKD has a genetic predisposition for CKD, will you change his/her management?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
24. Have any of your patients been tested for the APOL1 genetic risk?	<input type="checkbox"/>	<input type="checkbox"/>
25. In the past year, did you discuss APOL1 test results w/any patients?	<input type="checkbox"/>	<input type="checkbox"/>
26. Did APOL1 testing change your patient management in any way?	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree or disagree with the following statements?	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
27. I can find/use reliable sources of the information I need to understand and communicate APOL1 genetic risk while caring for patients.	<input type="checkbox"/>				
28. The information generated by APOL1 genetic testing is important for patient care.	<input type="checkbox"/>				
29. I am confident in my ability to use the results of an APOL1 genetic test.	<input type="checkbox"/>				
30. Having access to APOL1 genetic risk information during patient care will significantly improve my ability to care for patients.	<input type="checkbox"/>				
31. I am concerned that testing/returning results for the APOL1 may have negative effects on my patients.	<input type="checkbox"/>				
32. I would order APOL1 testing for appropriate patients if it was widely available in my clinical practice.	<input type="checkbox"/>				

	Yes	No
33. Did you use any EPIC decision support messages or tools to help you care for your patients who had APOL1 genetic testing?	<input type="checkbox"/>	<input type="checkbox"/>

How useful were the following tools available to you?	Not at all	A little bit	Some-what	Very	Didn't Use
34. Risk alert message that your patient had an APOL1 test	<input type="checkbox"/>				
35. Reference materials with supportive evidence about APOL1	<input type="checkbox"/>				
36. Patient education materials	<input type="checkbox"/>				
37. Materials to help explain genetics/genetic testing to your patients.	<input type="checkbox"/>				

Please answer a few questions about yourself. All answers will be confidential.

- How many years have you been in practice?
 - 0-5 yrs
 - 5-10 yrs
 - 10-15 yrs
 - 15-20 yrs
 - > 20 yrs
- What is your age? _____ years
- Your Gender? Female Male Transgender
- What is your race/ethnicity? (please check all that apply)
 - Caucasian/White
 - Black/African American
 - Hispanic/Latino
 - Other (specify): _____
 - Asian/South Asian
- What is your position?
 - Physician- Attending/Fellow
 - Physician-Resident
 - Physician's Assistant
 - Nurse/Advanced Nurse Practitioner
- How do you spend the majority of your time?
 - Seeing patients
 - Teaching
 - Administration
 - Research

DATE: ____/____/____

THANK YOU.