

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

Please answer a few questions about your experience with 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 am confident interpreting results of genetic tests.	<input type="checkbox"/>				
11. A patient's race or ancestry can identify patients who can benefit from enhanced screening for certain diseases.	<input type="checkbox"/>				
12. Genetic variation provides some clues to unraveling the causes of specific racial and ethnic disparities in health.	<input type="checkbox"/>				
13. I consider my patient's race/ancestry when making decisions about 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 of your patients?				<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"/>
19. Which of the following is, or would be helpful for you to have available on EPIC to care for patients, related to genetic testing for common chronic diseases? (<i>Please check all that apply</i>)					
<input type="checkbox"/> An easy way to order genetic tests					
<input type="checkbox"/> Information for me on how to talk with my patients about genetics and genetic testing					
<input type="checkbox"/> Information for me about patient management if a test is positive					
<input type="checkbox"/> Handouts to give my patients about genetics and genetic testing in general					
<input type="checkbox"/> Handouts to give my patients with specific information if a test is positive					

Continued on the other side →

20. Have you had any of the following types of genetics education? (*Please check all that apply*)

- CME/CEU course in genetics
- Genetics course in medical school
- Self directed genetics education (through journal articles, etc.)
- Grand Rounds on genetics
- Genetics course in graduate school
- Seminar/Workshop in genetics
- Residency Course in genetics
- I have had no genetics education

	Not at all	A little bit	Somewhat	Very much
21. 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"/>
22. How often do you mention heart attack or stroke as a potential complication of hypertension to your non-diabetic patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. How concerned are your hypertensive, non-diabetic patients about having a heart attack or stroke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. How much do you think a people's genes determine their risk of developing kidney disease/failure (CKD)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. How often do you mention CKD as a potential complication of hypertension to your non-diabetic patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. How concerned are your hypertensive, non-diabetic patients about developing CKD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Do you think patients will try harder to control their B.P. if they are aware hypertension increases their risk of CKD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. 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"/>
29. Do you think telling patients they have a genetically increased risk of CKD will cause them excessive worry or stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. 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"/>

31. At what stage of CKD do you usually tell your patients that they have a kidney problem? (*Check only one*)

- Stage 1: microalbuminuria with GFR \geq 90
- Stage 2: GFR 60-89
- Stage 3: GFR 30-59
- Stage 4 and 5: GFR $<$ 29

Please answer the following questions about the APOL1 kidney disease genetic testing study.

	Yes	No
32. In the past year, have any of your patients been tested for the APOL1 genetic risk?	<input type="checkbox"/>	<input type="checkbox"/>
33. In the past year, have you discussed APOL1 test results with any of your patients?	<input type="checkbox"/>	<input type="checkbox"/>

How much do you agree or disagree with the following statements?	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
34. 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"/>				
35. The information generated by APOL1 genetic testing is important for patient care.	<input type="checkbox"/>				
36. I am confident in my ability to use the results of an APOL1 genetic test.	<input type="checkbox"/>				
37. Having access to APOL1 genetic risk information during patient care will significantly improve my ability to care for patients.	<input type="checkbox"/>				
38. I am concerned that testing/returning results for the APOL1 may have negative effects on my patients.	<input type="checkbox"/>				
39. I would order APOL1 testing for appropriate patients if it was widely available in my clinical practice.	<input type="checkbox"/>				

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

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