

# Family Route Map Pilot Survey

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Condition/Support Group named on the leaflet: \_\_\_\_\_

Your Name: \_\_\_\_\_

Contact details: \_\_\_\_\_

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1	Poor
2	Fair
3	Good
4	Very Good
5	Excellent

For each item identified below, circle the number to the right that best fits your judgment of its content (or if emailing this form back please use the highlight tool). Use the scale above to select the appropriate number.

Description / Identification of Survey Item	Scale				
	1	2	3	4	5
1. How useful have you found the information?					
2. Is the Family Route Map relevant to you?					
3. How user-friendly is the Family Route Map?					
4. How easy is it to understand the information in the leaflet?					
5. How useful would the information be to a newly diagnosed patient?					
6. How useful would the information be to relatives and carers?					
7. How useful would the information be to non-genetic healthcare professionals?					
8. Does the Family Route Map provide support for discussion and shared decision making between patients, families and carers, and the health professionals involved in their care?					
9. How do you rate the Family Route Map as a reference guide for where to obtain further information?					
10. How do you rate the overall content of the leaflet?					

**11. Based on the answers to all of the above questions, rate the overall content of the Family Route Map as a source of information and services for the genetic condition.**

Low  
Serious extensive  
shortcomings

Moderate  
Potentially important but  
not serious shortcomings

High  
Minimal  
shortcomings

1

2

3

4

5

**12. Please use this space to tell us any comments you have and also let us know of other information you would find useful**

**If you have any suggestions for websites or sources of information that could be added to the Family Route Map please add them here with contact details for the organisation.**

Please return this completed form to  
*Your address here*

**THANK YOU**