

Family Route Map Quality Survey

Condition/Support Group named on the leaflet: _____

Your Name: _____

Contact details: _____

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 quality (or if emailing this form back please use the highlight tool). Use the scale above to select the quality number.

Description / Identification of Survey Item	Scale				
	1	2	3	4	5
1. Is it clear who has written the information?	1	2	3	4	5
2. Are the aims of the Family Route Map clear?	1	2	3	4	5
3. Does the Family Route Map achieve its aims?	1	2	3	4	5
4. Is the Family Route Map relevant to me?	1	2	3	4	5
5. Can the information be checked?	1	2	3	4	5
6. Is it clear when the Family Route Map was produced?	1	2	3	4	5
7. Is the information clearly written?	1	2	3	4	5
8. How do you rate the overall design of the publication?	1	2	3	4	5
9. 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?	1	2	3	4	5
10. Does the Family Route Map provide details of additional sources of support and information?	1	2	3	4	5

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

Low
Serious extensive
shortcomings

1

2

Moderate
Potentially important but
not serious shortcomings

3

4

High
Minimal
shortcomings

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.

Please return this completed form to
Your address here

THANK YOU

Please Note: Questions 9, 10 and 11 are adapted from the DISCERN Genetics Quality Criteria
www.discern-genetics.org