ķ,	1. Are you
0	Male
0	Female
k;	2. Please indicate your specialty area
0	Cardiology
0	General Practice
0	Other (please specify)
k;	3. Please select your level of training
0	Registrar
0	Consultant/General Practitioner
0	Other (please specify)
0	
0	Other (please specify)
Κį	5. Please indicated your main geographical a
0	Hobart/Southern Tasmania
0	Launceston/Northern Tasmania
0	Burnie-Devonport/North-Western Tasmania
0	Other (please specify)
k ₍	6. Please indicate approximately how long yo
0	
0	6-10 years
_	
0	10-15 years
0	10-15 years 16-20 years
0	10-15 years 16-20 years 20-25 years

nowledge and	-		Professional	s 2013	
≭7. Do you have a	a genetic heart	condition?			
C Yes					
C No					
. If yes, please in	dicate which c	ondition			
C Hypertrophic Cardiomy	yopathy				
Familial Dilated Cardi	omyopathy				
C Long QT Syndrome					
C Bicuspid Aortic Valve					
Mould rather not say					
Other (please specify)					
[★] 9. As a part of re	outine history t	aking, do vou	take a targett	ed/detailed fa	amily history?
○ Never	,	g , y	J		
○ Sometimes					
Only when appropriate	e				
C Always					
*10. Please cons	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
education is always					
believe appropriate patient education mproves patient putcomes	0	O	C	C	O
f a person is diagnosed with a genetic condition, it is important to educate the person about their condition	O	С	0	O	C
f a person is diagnosed with a genetic condition, it is important to educate their family members bout their condition	0	0	O	О	O
routinely educate patients and their relatives about their genetic condition	•	O	O	•	O
feel confident talking to patients and their families about their genetic condition (cardiac or otherwise)	0	O	0	0	O

		ing statemen			-
	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
Patients with genetic conditions should be counselled about ecommendations for amily screening	С	С	С	О	C
Patients with genetic conditions should coutinely be referred for genetic counselling	O	O	O	O	O
Patients with genetic cardiac conditions associated with sudden death should be counselled about ecommendations for amily screening	C	С	С	С	С
Patients with genetic cardiac conditions NOT associated with sudden death should be counselled about ecommendations for amily screening	O	C	O	O	C
feel confident answering a patient's questions about genetic cardiac conditions 2. Who do you be			-	_	_
a patient's questions about genetic cardiac conditions	elieve should be	e involved in _l	oroviding care	for a patient	with genetic
a patient's questions about genetic cardiac conditions 2. Who do you be neart disease? Place	elieve should be ease list all app ked you where t	e involved in poropriate peop	providing care ple you consid additional info	for a patient er would be a	with genetic a part of the ut their
a patient's questions about genetic cardiac conditions 2. Who do you be neart disease? Play reating team. 3. If a patient ask condition, where	elieve should be ease list all app ked you where t would you sugg	they may find	oroviding care ple you consid additional info k? Please list a	for a patient er would be a ormation abo all sources y	with genetic a part of the ut their
a patient's questions about genetic cardiac conditions 2. Who do you be neart disease? Planeart disease? Planeart geam. 3. If a patient asleondition, where consider.	elieve should be ease list all app ked you where t would you sugg	they may find	oroviding care ple you consid additional info k? Please list a	for a patient er would be a ormation abo all sources y	with genetic a part of the ut their
a patient's questions about genetic cardiac conditions 2. Who do you be neart disease? Place reating team. 3. If a patient as condition, where consider.	elieve should be ease list all app ked you where t would you sugg	they may find	oroviding care ple you consid additional info k? Please list a	for a patient er would be a ormation abo all sources y	with genetic a part of the ut their

_	anything about its ro		
Yes, I know a lot			
Yes, I know a little			
No, I just know it exists			
No, I don't know anything	about it		
<16. Do you routine	ely refer patients with	n genetic conditions to	the counselling
ervice?		•	•
◯ Yes			
Sometimes			
If the patient asks for it			
No			
Other (please specify)			
		ents in your practice wit	
ardiac conditions	Yes - less than 5	Yes - more than 5	Not to my knowledge
ardiac conditions			
ardiac conditions Familial dilated eardiomyopathy Arrhythmogenic right	Yes - less than 5	Yes - more than 5	Not to my knowledge
ardiac conditions Familial dilated sardiomyopathy Arrhythmogenic right sentricular	Yes - less than 5	Yes - more than 5	Not to my knowledge
ardiac conditions Familial dilated sardiomyopathy Arrhythmogenic right sentricular sardiomyopathy Left-ventricular non-	Yes - less than 5	Yes - more than 5	Not to my knowledge
ramilial dilated ardiomyopathy arrhythmogenic right entricular ardiomyopathy eft-ventricular non-ompaction	Yes - less than 5	Yes - more than 5	Not to my knowledge
Familial dilated cardiomyopathy Arrhythmogenic right ventricular cardiomyopathy Left-ventricular non-compaction Restrictive cardiomyopathy	Yes - less than 5 C C	Yes - more than 5	Not to my knowledge
ardiac conditions Familial dilated Fardiomyopathy Arrhythmogenic right Fentricular Fardiomyopathy Left-ventricular non- Fompaction Restrictive Fardiomyopathy Catecholaminergic	Yes - less than 5	Yes - more than 5	Not to my knowledge
ardiac conditions Tamilial dilated ardiomyopathy Arrhythmogenic right entricular ardiomyopathy eft-ventricular non- compaction Restrictive ardiomyopathy Catecholaminergic colymorphic ventricular achycardia	Yes - less than 5 C C C	Yes - more than 5	Not to my knowledge C C C
ardiac conditions familial dilated ardiomyopathy arrhythmogenic right entricular ardiomyopathy eft-ventricular non- ompaction Restrictive ardiomyopathy catecholaminergic olymorphic ventricular achycardia long QT syndrome	Yes - less than 5	Yes - more than 5 C C C C C C	Not to my knowledge C C C C
ardiac conditions Familial dilated Fardiomyopathy Arrhythmogenic right Fentricular Fardiomyopathy Fett-ventricular non- Fompaction Restrictive Fardiomyopathy Catecholaminergic Folymorphic ventricular Fachycardia Fong QT syndrome Brugada syndrome	Yes - less than 5 C C C C C C C C C C C C C C C C C C C	Yes - more than 5 C C C C C C C C C C C C C C C C C C C	Not to my knowledge C C C C C C C C C C
ardiac conditions Familial dilated cardiomyopathy Arrhythmogenic right rentricular cardiomyopathy Left-ventricular non-compaction Restrictive	Yes - less than 5	Yes - more than 5 C C C C C C	Not to my knowledge C C C C

Knowledge and Per	ceptions Medical	Profession	als 2013
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*18. For each of the genetic cardiac conditions listed, please rate how likely you are to refer these specific conditions to a genetic counsellor.

There is no	right or wron	g answer: we're	interested in	vour opinion.
		g ao	, 	J

	Always	Sometimes	Rarely	Never	Unsure
Familial dilated cardiomyopathy	0	0	O	\circ	0
Arrhythmogenic right ventricular cardiomyopathy	0	O	0	O	O
Left-ventricular non-compaction	0	0	0	0	O
Restrictive cardiomyopathy	0	0	0	0	0
Catecholaminergic polymorphic ventricular tachycardia	0	O	0	O	O
Long QT syndrome	0	0	0	0	O
Brugada syndrome	0	0	0	0	0
Hypertrophic cardiomyopathy	0	0	0	0	0
Bicuspid aortic valve	0	0	0	0	0

19. What influences your choice to refer/not refer the above genetic cardiac conditions to genetic counselling?

	<u>_</u>
	~

*20. As I'm actively practicing...

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
I feel confident I understand the theory of genetics	О	О	О	O	О
I feel confident about the amount of knowledge I have regarding genetic cardiac diseases	O	O	O	O	O
I feel confident that I know enough to appropriately manage genetic cardiac diseases presenting in my clinical practice	О	О	О	O	O

21. Please feel free to add any comments you'd like to make about the survey, or in general:

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Thank you for participating - your time is appreciated.