



CT Department of Public Health - Genomics Office

Cancer Genomics Best Practices for Connecticut Healthcare Providers - Provider Survey

Your feedback is important! Please complete this short survey. The information you provide will help us to improve and develop our publications and resources. Please send completed surveys to DPH.Genomics@ct.gov by clicking on the Submit button at the end of the page.

1) How did you find out about this publication? (select all that apply)

- Twitter
- Facebook
- Internet site:
- Professional association:
- Other:

2) How would you rate the usefulness of the following information provided in this publication?

	Very useful	Somewhat useful	Not very useful	Not at all useful
Genetics: Important Terms				
Data on potential cases of hereditary cancer syndromes				
Information for Connecticut healthcare providers				
Summary of evidence-based clinical practice guidelines				
Information for patients and families				
Information for patients and families in Spanish				
ACOS standards on risk assessment & genetic counseling				
Provider Action Plan				
List of cancer genetic counselors				
Additional resources				
Connecticut Family Health History Pocket Guide				

3) Did the publication make you aware of *hereditary cancer guidelines* that you did not previously know about? Yes No

4) Did the publication make you aware of *resources* that you did not previously know about? Yes No

5) Are you planning to use the information in this publication to do any of the following?

- | | | | |
|---|-----|----|----------|
| Inform patients and their family members? | Yes | No | Not sure |
| Train or inform healthcare providers? | Yes | No | Not sure |
| Other? Please specify: | Yes | No | Not sure |

6) Would you recommend this publication to a colleague? Yes No

7) Please provide suggestions to improve this publication:

8) If you have any additional comments, please add them here:

9) Would you like to receive updates on CT DPH Genomics Office activities and publications by email?
If yes, please provide your email address here:

10) Please tell us about yourself (optional):

a) What is your professional role? If Other, please specify:

b) Please choose the primary area or specialty in which you practice.
If Other, please specify:

c) In which Connecticut counties do you routinely practice? (check all that apply)

- | | | | |
|-----------|------------|------------|-----------|
| Fairfield | Hartford | Litchfield | Middlesex |
| New Haven | New London | Tolland | Windham |

Thank you for taking the time to complete this survey and to give us valuable feedback.