

The Genetic Counselling Outcome Scale (GCOS-24)

Using the scale below, circle a number next to each statement to indicate how much you agree with the statement. Please answer all the questions. For questions that are not applicable to you, please choose option 4 (neither agree nor disagree).

1 = strongly disagree
2 = disagree
3 = slightly disagree
4 = neither disagree nor agree

5 = slightly agree
6 = agree
7 = strongly agree

		strongly disagree	disagree	slightly disagree	neither agree nor disagree	slightly agree	agree	strongly agree
1	I am clear in my own mind why I am attending the clinical genetics service.	1	2	3	4	5	6	7
2	I can explain what the condition means to people in my family who may need to know.	1	2	3	4	5	6	7
3	I understand the impact of the condition on my child(ren)/any child I may have.	1	2	3	4	5	6	7
4	When I think about the condition in my family, I get upset.	1	2	3	4	5	6	7
5	I don't know where to go to get the medical help I / my family need(s).	1	2	3	4	5	6	7
6	I can see that good things have come from having this condition in my family.	1	2	3	4	5	6	7
7	I can control how this condition affects my family.	1	2	3	4	5	6	7
8	I feel positive about the future.	1	2	3	4	5	6	7
9	I am able to cope with having this condition in my family.	1	2	3	4	5	6	7
10	I don't know what could be gained from each of the options available to me.	1	2	3	4	5	6	7
11	Having this condition in my family makes me feel anxious.	1	2	3	4	5	6	7
12	I don't know if this condition could affect my other relatives (brothers, sisters, aunts, uncles, cousins).	1	2	3	4	5	6	7
13	In relation to the condition in my family, nothing I decide will change the future for my children / any children I might have.	1	2	3	4	5	6	7
14	I understand the reasons why my doctor referred me to the clinical genetics service.	1	2	3	4	5	6	7
15	I know how to get the non-medical help I / my family needs (e.g. educational, financial, social support).	1	2	3	4	5	6	7
16	I can explain what the condition means to people outside my family who may need to know (e.g. teachers, social workers).	1	2	3	4	5	6	7
17	I don't know what I can do to change how this condition affects me / my children.	1	2	3	4	5	6	7
18	I don't know who else in my family might be at risk for this condition.	1	2	3	4	5	6	7
19	I am hopeful that my children can look forward to a rewarding family life.	1	2	3	4	5	6	7
20	I am able to make plans for the future.	1	2	3	4	5	6	7
21	I feel guilty because I (might have) passed this condition on to my children.	1	2	3	4	5	6	7
22	I am powerless to do anything about this condition in my family.	1	2	3	4	5	6	7
23	I understand what concerns brought me to the clinical genetics service.	1	2	3	4	5	6	7
24	I can make decisions about the condition that may change my child(ren)'s future / the future of any child(ren) I may have.	1	2	3	4	5	6	7