

Appendix B

The 9-item Shared Decision Making Questionnaire (SDM-Q-9)

[Example] Please indicate which health complaint/problem/illness the consultation was about:

[Example] Please indicate which decision was made:

Nine statements related to the decision-making in your consultation are listed below. For each statement please indicate how much you agree or disagree.

1. My doctor made clear that a decision needs to be made.	completely disagree <input type="checkbox"/>	strongly disagree <input type="checkbox"/>	somewhat disagree <input type="checkbox"/>	somewhat agree <input type="checkbox"/>	strongly agree <input type="checkbox"/>	completely agree <input type="checkbox"/>
2. My doctor wanted to know exactly how I want to be involved in making the decision.	completely disagree <input type="checkbox"/>	strongly disagree <input type="checkbox"/>	somewhat disagree <input type="checkbox"/>	somewhat agree <input type="checkbox"/>	strongly agree <input type="checkbox"/>	completely agree <input type="checkbox"/>
3. My doctor told me that there are different options for treating my medical condition.	completely disagree <input type="checkbox"/>	strongly disagree <input type="checkbox"/>	somewhat disagree <input type="checkbox"/>	somewhat agree <input type="checkbox"/>	strongly agree <input type="checkbox"/>	completely agree <input type="checkbox"/>
4. My doctor precisely explained the advantages and disadvantages of the treatment options.	completely disagree <input type="checkbox"/>	strongly disagree <input type="checkbox"/>	somewhat disagree <input type="checkbox"/>	somewhat agree <input type="checkbox"/>	strongly agree <input type="checkbox"/>	completely agree <input type="checkbox"/>
5. My doctor helped me understand all the information.	completely disagree <input type="checkbox"/>	strongly disagree <input type="checkbox"/>	somewhat disagree <input type="checkbox"/>	somewhat agree <input type="checkbox"/>	strongly agree <input type="checkbox"/>	completely agree <input type="checkbox"/>
6. My doctor asked me which treatment option I prefer.	completely disagree <input type="checkbox"/>	strongly disagree <input type="checkbox"/>	somewhat disagree <input type="checkbox"/>	somewhat agree <input type="checkbox"/>	strongly agree <input type="checkbox"/>	completely agree <input type="checkbox"/>
7. My doctor and I thoroughly weighed the different treatment options.	completely disagree <input type="checkbox"/>	strongly disagree <input type="checkbox"/>	somewhat disagree <input type="checkbox"/>	somewhat agree <input type="checkbox"/>	strongly agree <input type="checkbox"/>	completely agree <input type="checkbox"/>
8. My doctor and I selected a treatment option together.	completely disagree <input type="checkbox"/>	strongly disagree <input type="checkbox"/>	somewhat disagree <input type="checkbox"/>	somewhat agree <input type="checkbox"/>	strongly agree <input type="checkbox"/>	completely agree <input type="checkbox"/>
9. My doctor and I reached an agreement on how to proceed.	completely disagree <input type="checkbox"/>	strongly disagree <input type="checkbox"/>	somewhat disagree <input type="checkbox"/>	somewhat agree <input type="checkbox"/>	strongly agree <input type="checkbox"/>	completely agree <input type="checkbox"/>

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