

# 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.

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