

The 9-item Shared Decision Making Questionnaire (SDM-Q-Doc, physician version)

[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 the above mentioned consultation are listed below. For each statement please indicate how much you agree or disagree.

1. I made clear to my patient 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. I wanted to know exactly from my patient how he/she wants 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. I told my patient that there are different options for treating his/her 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. I precisely explained the advantages and disadvantages of the treatment options to my patient.	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. I helped my patient 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. I asked my patient which treatment option he/she prefers.	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 patient 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 patient 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 patient 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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