Patient Shared Decision Making Survey – Long

Our clinic is interested in improving the extent to which patients and their clinicians make medical care decisions together. Please help us improve by completing the following brief questionnaire about your visit:

1. Was having a test to screen for colon (lower bowel) cancer discussed during your visit?
   1. Yes
   2. No (skip to question 13)
2. Which of the following choices were discussed? (answer each) YES NO
   1. Stool blood tests (chemical tests of blood samples) \_\_\_ \_\_\_
   2. Sigmoidoscopy (exam of the lower bowel with a short tube) \_\_\_ \_\_\_
   3. Colonoscopy (exam of the entire lower bowel with a long tube) \_\_\_ \_\_\_
   4. Barium enema (x-ray of the entire lower bowel) \_\_\_ \_\_\_
   5. Not doing any screening test for colon cancer now \_\_\_ \_\_\_
   6. Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_
3. How much did the clinician or care team talk about the benefits of each screening test discussed?
   1. A lot
   2. Some
   3. A little
   4. Not at all
4. How much did the clinician or care team talk about the risks of each screening test discussed?
   1. A lot
   2. Some
   3. A little
   4. Not at all
5. Did the clinician or care team explain the choices in a way that was easy to understand?
   1. Yes, definitely
   2. Yes, somewhat
   3. No
6. Did you feel you had enough information about the choices to make a decision?
   1. Yes, definitely
   2. Yes, somewhat
   3. No
7. If a stool blood test is positive, is it usually necessary to have one of the other tests?
   1. Yes
   2. No
8. Tear (prforation) of the bowel is a possibility during a colonoscopy exam
   1. True
   2. False
9. Did the clinician or care team ask for your opinions about the benefits and risks of the various choices?
   1. Yes
   2. No
10. How satisfied were you with the process of deciding about colon cancer screening testing?
    1. Very satisfied
    2. Partly satisfied
    3. Partly dissatisfied
    4. Very dissatisfied
11. Did you make a decision about having a screening test?
    1. Yes, and I chose \_\_\_\_\_\_\_\_\_\_\_
    2. Yes, and I chose not to have any of these tests
    3. No, I am still thinking it over
12. How satisfied are you with this decision?
    1. Very satisfied
    2. Partly satisfied
    3. Partly dissatisfied
    4. Very dissatisfied
13. What is your age? \_\_\_\_\_\_

14. What is your gender? M F

15. Do you have other feedback you would like to provide at this time?

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Thank you very much for helping us to improve our care.