

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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