**Shared Decision Making Process Survey: SDM Process_4**

For situations with two main options insert condition (e.g. knee osteoarthritis) and chosen option (e.g. surgery) and alternative option (e.g. non surgical treatment):

**TALKING WITH YOUR HEALTH CARE PROVIDERS**

Please answer these questions about what happened when you talked with health care providers including doctors, nurses and other health care professionals about [tests or treatments] for your [condition].

1. How much did you and your health care providers talk about the reasons you might want to have [test/intervention]?
   - □ 1 A lot
   - □ 1 Some
   - □ 0 A little
   - □ 0 Not at all

2. How much did you and your health care providers talk about the reasons you might **not** want to have [test/intervention]?
   - □ 1 A lot
   - □ 1 Some
   - □ 0 A little
   - □ 0 Not at all

3. Did any of your health care providers talk about [an alternative to intervention, e.g. non-surgical treatments/not testing] as something that you should seriously consider?
   - □ 1 Yes
   - □ 0 No

4. Did any of your health care providers ask if you wanted to have [test/intervention]?
   - □ 1 Yes
   - □ 0 No
For situations with more than two main options insert condition (e.g. prostate cancer) and chosen option (e.g. surgery):

**TALKING WITH YOUR HEALTH CARE PROVIDERS**

Please answer these questions about what happened when you talked with health care providers including doctors, nurses and other health care professionals about [tests or treatments] for your [condition].

1. How much did you and your health care providers talk about the reasons you might want to have [test/intervention]?
   - [ ] A lot
   - [ ] Some
   - [ ] A little
   - [ ] Not at all

2. How much did you and your health care providers talk about the reasons you might not want to have [test/intervention]?
   - [ ] A lot
   - [ ] Some
   - [ ] A little
   - [ ] Not at all

3. Did any of your health care providers explain that there were choices in what you could do to treat your [condition]?
   - [ ] Yes
   - [ ] No

4. Did any of your health care providers ask if you wanted to have [test/intervention]?
   - [ ] Yes
   - [ ] No