Tell us about yourself

18. **Female** ☐ **Male** ☐

19. Age: _____ years old

20. Education level:

- ☐ 8th grade or less
- ☐ Some high school
- ☐ Graduated high school or GED
- ☐ Some college or technical school
- ☐ Graduated from college
- ☐ Postgraduate school or degree

Video Feedback

21. How would you rate the length of the video?

- ☐ Should be much shorter
- ☐ Should be a little shorter
- ☐ About right
- ☐ Could be a little longer
- ☐ Could be much longer

22. How balanced was the video's information about surgery versus non-surgical treatment for hip osteoarthritis?

- ☐ Clearly slanted towards surgery
- ☐ A little slanted towards surgery
- ☐ Completely balanced
- ☐ A little slanted towards non-surgical treatment
- ☐ Clearly slanted towards non-surgical treatment

23. Overall, how would you rate the video?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Very good
- ☐ Excellent

24. Please write comments about the video or booklet here:

_____

_____

_____

HIP OSTEOARTHRITIS:

Personal Decision Form

There are several different ways to treat hip osteoarthritis. Each has possible benefits and risks. This form and video, together with your healthcare team, will help you make the decision that is best for you.

Please return this form with the video.
Your answers will tell us three important things:

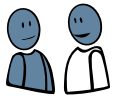
Knowledge

How well we are doing our job of giving you information?

Values

What matters most to you?

Making Choices



How far along you are in decision making and what else you may need?

BEFORE WATCHING THE VIDEO,
PLEASE ANSWER QUESTION 1 – 2

1. Have you talked with a healthcare provider about this decision?

- ☐ Yes
- ☐ No

2. At this time, which treatment option are you leaning toward?

- ☐ Non-surgical treatment
- ☐ Surgery
- ☐ Unsure

NOW, PLEASE WATCH THE VIDEO

CSDM ID No:

Printed: 5/23/2007

Knowledge

AFTER WATCHING THE VIDEO,
please check ☑ one answer for each question.

3. When is the right time to have hip replacement surgery?
- ☐ Before you get too old
- ☐ Wait as long as you can to have it
- ☐ When the pain and other symptoms are interfering with your life, no matter how old you are
- ☐ I am not sure

4. When 100 patients have hip replacement surgery, about how many will find that their pain is greatly or completely relieved?
- ☐ 0 to 25
- ☐ 26 to 50
- ☐ 51 to 75
- ☐ 76 to 100
- ☐ I am not sure

5. When 100 patients have hip replacement surgery, how many hip replacements last at least 10 years?
- ☐ 0 to 25
- ☐ 26 to 50
- ☐ 51 to 75
- ☐ 76 to 100
- ☐ I am not sure

6. How long does it take the average patient who has hip replacement surgery to get back to doing most of their usual activities?
- ☐ About 3 months
- ☐ About 6 months
- ☐ About a year
- ☐ I am not sure

7. Do you have any questions? Please list them here:

_____
_____
_____

Values

On a scale from 1 to 10, where
1 is not at all important and 10 is very important:

How important is it to you . . .	**Not at all important**									**Very important**
8. to relieve your hip pain?	1	2	3	4	5	6	7	8	9	10
9. to avoid surgery?	1	2	3	4	5	6	7	8	9	10
10. to return to your usual activities?	1	2	3	4	5	6	7	8	9	10

11. Are there any other values that are important for you for this decision? Please list them here:

_____
_____
_____

Making Choices

12. At this time, which treatment option are you leaning toward?
- ☐ Non-surgical treatment
- ☐ Surgery
- ☐ Unsure

	Yes	**No**
13. Do you feel sure about the best choice for you?	☐	☐
14. Do you know the benefits and risks of each option?	☐	☐
15. Are you clear which benefits and risks matter most to you?	☐	☐
16. Do you have enough support and advice to make a choice?	☐	☐

17. What do you plan to do next?
- ☐ Get the treatment I chose
- ☐ Get more information
- ☐ Talk now with a member of my healthcare team
- ☐ At my next visit, talk with my healthcare provider
- ☐ Other _____