

**Patient Needs Assessment Questionnaire  
Primary Care – Shared Decision Making Project**

**Introduction to Survey**

The Department of General Internal Medicine at DHMC (VA Medical Center) wants to learn more about how people make decisions about their healthcare. Your answers to these questions will help us make the best use of your appointment. Your answers will also tell us how we can best help you with decisions about your health care. The information that you provide in this survey is confidential and will not affect the care that you receive at DHMC (VA Medical Center).

You indicated to our project staff that you had made a difficult healthcare decision that you are willing to talk to us about. To explain what we mean, here are examples of a simple (easy) and a difficult health care decision.

A simple health decision would be taking an antibiotic for an infection. Usually your doctor would recommend a treatment and you would not need to get very involved in the decision making.

We are interested in more difficult health decisions – those decisions when you have to think about the good points and bad points of the options. For example, if you were thinking about whether or not to try a new medication, a pro (good point) would be that it could make you better and a con (bad point) could be that it has side effects that bother you.

With this type of decision, your choice depends on what is most important to you. The decision might involve:

- discussing the options with your doctor and your family
- discussing the possible outcomes with your doctor and your family
- reading some educational materials, or doing research online
- taking a bit of extra time to think about the choices

Examples of difficult health decisions include things such as:

- questions about types of birth control (condoms, pill, vasectomy, tubal)
- questions about how to manage the symptoms of menopause
- taking medications that have bothersome side effects (for high BP, to lower cholesterol, to control blood sugar)
- whether or not to have certain screening tests (colonoscopy for people 50 and older, PSA test for men)
- decisions about placing a relative in a long term health care or a retirement home

Please think about a difficult healthcare decision you have had to make for yourself or for someone you care about and answer the questions about the decision.

### Needs Assessment Questionnaire

1. How long ago did you make this decision? (check the box next to your answer)

- within the last year
- from 1 to 5 years ago
- over 5 years ago
- Don't remember

2. Did you think about the pros and cons when thinking about the options? (Pros = good points; cons = bad points)

- Yes
- No

Here is a list of **reactions** that some people have when making a difficult decision. Please check whether you experienced these while making your decision.

3. When thinking about your options, did you feel **unsure** about what to do?

- Yes
- No
- Unsure

4. When thinking about the decision, did the amount of **money** the care would cost affect your choice?

- Yes
- No
- Unsure

5. When thinking about your options, did you **worry** what could go wrong if you made a choice?

- Yes
- No
- Unsure

6. When thinking about your options, did you keep **changing your mind** about which option to choose?

- Yes
- No
- Unsure

Now think about **who** was involved in making the decision.

7. Please check all of the people who were involved in making the decision you are thinking of.

- Doctor
- Other health professional
- Spouse
- Child
- Other family
- Friend
- Other

8. If you had to do it all over again, would you make the decision the same way, differently, or are you unsure?

- The same way
- Differently
- Unsure

Sometimes a difficult decision is made more difficult because you do not have enough information about the treatment, you are not sure what is important to you, or you do not have support from others to make a choice.

When thinking about your decision:

9. Did you have enough **information** to make your decision?

- Yes
- No
- Unsure

10. Did you feel that you **knew** enough about the options, their pros and cons?

- Yes
- No
- Unsure

11. Did you feel that you knew **how likely** each of the pros and cons were?

- Yes
- No
- Unsure

12. Did you feel that you were clear about what was **personally important** to you? (e.g. how important the pros were to you, how important the cons were to you?) ...

- Yes
- No
- Unsure

13. Did you feel **pressure** from others to select an option you were not sure about?

- Yes
- No
- Unsure

14. From this list please check all of the people who you felt **pressure** from to make a decision you were not comfortable with.

- Doctor

- Other health professional
- Spouse
- Child
- Other family
- Friend
- Other

15. Did you feel that you had enough **support** to make the decision?

- Yes
- No
- Unsure

There are many ways to learn about the available options when you are making a difficult health care decision.

16. Which of the following ways to learn about the options would you prefer? (*check all that apply*)

- Personal counseling from your health care provider
- Decision support counseling from a nurse
- Discussion with a group of people making the same decision
- Information materials
- Other

17. If your doctor suggested that you watch a 40-minute videotape to learn about your medical decision, would you watch it?

- Yes
- No
- Unsure

18. What format of information materials would you be most likely to use? [*check all that apply*]

- Booklets or pamphlets
- Video Tapes
- Audio Tapes
- CD-ROMs
- DVDs

- Web/Internet
- None of the above

19. Do you anticipate having to make another difficult health decision in the near future?

- Yes
- No
- Unsure

20. If high quality information materials were available for your decision, **where** would you like to get the materials?

- at a central DHMC location
- at Doctor's Office at DHMC
- at home
- public library
- on the Internet
- somewhere else
- not interested in informational materials

21. If high quality information materials were available for your decision, where would you like to **view** the materials?

- at a central DHMC location
- at Doctor's Office at DHMC
- at home
- public library
- on the Internet
- somewhere else
- not interested in informational materials

22. If professional help with health care decision-making were available, from a nurse or a counselor, would you use it?

- Yes
- No
- Unsure

23. If you had to walk to another part of DHMC to receive counseling or pick up information that would help you with your decision, would you go there?

- Yes
- No
- Unsure

24. What is your current marital status?

- Single
- Married
- Living with partner
- Separated
- Divorced
- Widowed
- Refused

25. How old were you on your last birthday? \_\_\_\_\_

26. What is the highest grade or level of education you have completed?

- Less than grade 8
- Some high school
- High school diploma
- Trade/Technical certificate or diploma
- Some college
- College degree
- Graduate school
- Refused

27. Gender

- Male
- Female

28. Did you have any problems/concerns about the process of visiting DHMC? (check all that apply)

- making an appointment

- ❑ getting here,
- ❑ paperwork,
- ❑ wait,
- ❑ privacy,
- ❑ parking