

Tell us about yourself

17. **Female** **Male**

18. Age: _____ years old

19. 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

20. 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

21. How balanced was the video's information about surgery versus non-surgical treatment for knee 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

22. Overall, how would you rate the video?

- Poor
- Fair
- Good
- Very good
- Excellent

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




KNEE OSTEOARTHRITIS:

Personal Decision Form

There are several different ways to treat knee 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

Knowledge



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

3. Over time, the pain associated with osteoarthritis of the knee usually -
- Gets worse
 Stays about the same
 Gets better
 I am not sure
4. On average, how many years does a total knee replacement last before surgery is needed again?
- Between 1 and 5 years
 Between 6 and 10 years
 Between 11 and 20 years
 More than 20 years
 I am not sure
5. When 100 patients have total knee replacement surgery, about how many will find their ability to walk without pain is improved?
- Between 0 and 25
 Between 26 and 50
 Between 51 and 75
 Between 76 and 100
 I am not sure
6. How long does it take the average patient who has total knee replacement to **fully** recover from the effects of surgery?
- Less than 1 month
 1 to 3 months
 4 to 6 months
 More than 6 months
 I am not sure

Values



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

- | | Not at all | | | | | | | | | Very |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| | important | | | | | | | | | important |
| 7. to relieve your knee pain? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| 8. to avoid surgery? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| 9. to return to your usual activities? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |

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



Making Choices

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

- Non-surgical treatment
 Surgery
 Unsure

- | | Yes | No |
|--|--------------------------|--------------------------|
| 12. Do you feel sure about the best choice for you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you know the benefits and risks of each option? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you clear which benefits and risks matter most to you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you have enough support and advice to make a choice? | <input type="checkbox"/> | <input type="checkbox"/> |

16. 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 _____