

Research Study: Assessing Decision Quality and the Role for Shared Decision-Making in Veterans with Hip or Knee Osteoarthritis – Aim 2

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Survey of Decision Quality, Treatment Selection, and Patient Characteristics for Veterans Undergoing Treatment for Hip or Knee Osteoarthritis

First two letters of first name: \_\_\_\_\_

First two letters of last name: \_\_\_\_\_

Last four digits of SSN: \_\_\_\_\_

Date: \_\_\_\_\_

**PRE-VISIT QUESTIONS:**

**Demographics:**

1. I am seeing the orthopaedic doctor for pain in my:      HIP              KNEE

2. My gender is:    MALE              FEMALE              Prefer to not answer

3 My age is: \_\_\_\_\_ years                      Prefer to not answer

4. My race is:

- \_\_\_\_\_ Hispanic, White
- \_\_\_\_\_ Hispanic, Black
- \_\_\_\_\_ American Indian or Alaska Native
- \_\_\_\_\_ Black, not of Hispanic Origin
- \_\_\_\_\_ Asian or Pacific Islander
- \_\_\_\_\_ White, not of Hispanic Origin

- Unknown
- Prefer not to answer

5. My education level is:

- High school without graduation
- High school degree or equivalent
- Bachelor degree obtained
- Graduate degree obtained
- Prefer not to answer

**Military Service:**

6. I served in the military for \_\_\_\_\_ years.

7. My branch of the military was:

- Army
- Navy
- Air Force
- Marines
- Coast Guard

8. I was discharged from the military \_\_\_\_\_ years ago.

9. My rank at discharge was \_\_\_\_\_.

**Decision-Making Preference:**

10. In working with your doctor to make decisions about treatment for your hip or knee pain, which ONE of the following best describes how you would LIKE to make these decisions?

- I prefer to make the decision about which treatment I will receive
- I prefer to make the final decision about my treatment after seriously considering my doctor's opinion
- I prefer that my doctor and I share responsibility for deciding which treatment is best for me
- I prefer that my doctor makes the final decision about which treatment will be used but seriously considers my opinion
- I prefer to leave all decisions regarding treatments to my doctors

11. Please state your level of agreement or disagreement with the following statement: I believe I will feel comfortable questioning the treatment recommendation of my surgeon when I meet him/her today (*circle one*).

Strongly Agree                  Agree                  Neutral                  Disagree                  Strongly Disagree

Decision Aid Use:

12. Did you receive a Decision Aid prior to your visit today?

- Yes
- No
- Unsure
- Prefer not to answer

13. Did you receive a video decision aid, a pamphlet (Option Grid™), or both?

- Video
- Paper pamphlet
- Video and paper pamphlet
- I did not receive anything
- Prefer not to answer

14. If video was received: Were you able to watch the entire video?

- Yes
- No
- Unsure
- Prefer not to answer

15. If you were unable to watch the video, were you unable to watch the video because:

- 1. You did not have access to a TV or computer
  - 2. The directions were unclear
  - 3. You did not want to watch it
  - 4. You did not have time to watch it
  - 5. Prefer not to answer
  - Other reason: \_\_\_\_\_
-

16. If a pamphlet was received: Were you able to read the entire pamphlet?

- Yes  
 No  
 Prefer not to answer

17. Please select the number below that best represents how you feel about your experience with the decision aid that was mailed to you before your visit today.

	Regarding the information I was sent before my visit, in general:	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
17a	I was able to review all of the information sent to me.	1	2	3	4	5
17b	I knew and understood most of the words in the information.	1	2	3	4	5
17c	I needed help to understand the information.	1	2	3	4	5
17d	The information helped me think carefully about my treatment options.	1	2	3	4	5
17e	The information made me feel more prepared for my visit today.	1	2	3	4	5
17f	I had less anxiety related to my doctor's visit today after reviewing the information.	1	2	3	4	5
17g	I had more anxiety related to my doctor's visit today after reviewing the information.	1	2	3	4	5
17h	I think the information will help me in my discussion with the doctor.	1	2	3	4	5
17i	The information was the right amount for me.	1	2	3	4	5
17j	I would have liked more information.	1	2	3	4	5
17k	I would have liked less information.	1	2	3	4	5
17l	If I were given the choice to receive this information via a video or a paper pamphlet, I would choose a video.	1	2	3	4	5
17m	If I were given the choice to receive this information via a video or a paper pamphlet, I would choose a pamphlet.	1	2	3	4	5

**Instruments:**

18. Now administer the Hip-Knee Decision Quality Instrument for the knee or hip, whichever is correct.

19. Now administer the PROMIS Anxiety Short Form 8a survey.

**POST-VISIT QUESTIONS:**

1. Today I decided on the following treatment regimen for my osteoarthritis:

\_\_\_\_\_ **NON-SURGICAL TREATMENT**

\_\_\_\_\_ **TOTAL JOINT REPLACEMENT SURGERY**

\_\_\_\_\_ **I CHOSE TO DELAY A TREATMENT DECISION**

2. Please select the number below that best represents how you feel about your experience with the decision aid that was mailed to you before your visit today.

	Regarding the information I was sent before my visit, in general:	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
2a	I think the information helped me talk with my doctor.	1	2	3	4	5
2b	The information helped me make a treatment choice today.	1	2	3	4	5
2c	I have confidence in the treatment choice I made today.	1	2	3	4	5

3. If you had this process to repeat, what type of decision aid would you prefer?

\_\_\_\_\_ **DVD Video**

\_\_\_\_\_ **Video on the internet**

\_\_\_\_\_ **Paper pamphlet**

4. Do you own a DVD player?

YES / NO

5. Do you have internet access at home?

YES / NO