

Supplementary Data

Appendix A

Questionnaire „Making SDM a reality” project

	Do not agree at all	Rather do not agree	Rather agree	Fully agree
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PICS – Doctor facilitation scale (DFS)

My doctor asked me whether I agree with his/her decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My doctor gave me a complete explanation for my medical symptoms or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My doctor asked me what I believe is causing my medical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My doctor encouraged me to talk about personal concerns related to my medical symptom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My doctor encouraged me to give my opinion about my medical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PICS – Patient Information Scale (PIS)

I asked my doctor to explain the treatment or procedure to me in greater detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I asked my doctor for recommendations about my medical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I went into great detail about my medical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I asked my doctor a lot of questions about my medical symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PICS – Patient Decision Making Scale (PDM)

I expressed my needs and concerns that I had about the treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I gave my opinion on the test or treatment I would prefer for my condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I discussed certain tests or treatment again with my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I gave my opinion on the treatments and tests that the doctor wanted to perform

I have participated in important decisions regarding my diagnosis and treatment

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Some questions about the support you received from your doctor during your consultation

Thinking about your consultation at the University hospital named above...

1. ... How much effort was made to help you understand your health issues?

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No effort made

Every effort was made

2. ... How much effort was made to listen to the things that matter most to you about your health issues?

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No effort made

Every effort was made

3. ... How much effort was made to include what matters most to you in choosing what to do next?

0	1	2	3	4	5	6	7	8	9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No effort made

Every effort was made

Preparation for Decision Making Scale (PrepDM)

Some questions about your preparation on the decision making

Please indicate how helpful you found the information you received in the run-up to the above-mentioned decision-making at the University Hospital (UKSH).

Did the information you received at the university hospital...

		Not at all	A little	some- what	Quite a bit	A great deal
1	make you recognize decision needs to be made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	prepare you to make a better decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	make you think about pros and cons of each option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	help you think about which pros and cons are most important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	help you know that decision depends on what matters most to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	organize your own thoughts about decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	help you to think about how involved you want to be in decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	help you identify questions you want to ask	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	prepare you to talk to your doctor about what matters most	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	prepare you for a follow up visit with your doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix B

Link to 3 demo versions of decision aids of the project

<https://demo.share-to-care.de/>

Benutzername: T01-demouser-1022

Passwort: qiG2JZpc