



Shared Decision Making
in Mental Health



USER SATISFACTION SURVEY
on
***WHAT IS RIGHT FOR ME* WORKBOOK**
for Mental Health Services Consumers

Thank you for taking the time to answer this survey about your experience with using the *What Is Right For Me* Workbook. We are interested in whether the Workbook helped you think about and make a decision, and whether it helped you talk to mental health services staff about the decision.

The results from this survey will be used to determine whether the Workbook is useful for helping people make important decisions and whether it supports shared decision-making in mental health services.

Your participation is VOLUNTARY. You may choose to answer this survey or not. If you choose not to, this will not affect any services you may be receiving.

The information you provide is kept PRIVATE. Your name will not be associated with this survey. Other information that would let someone identify you will be kept private. AHP will not share your personal answers with anyone. Reports that explain the findings of this survey will reflect a collection of information from many participants. This survey will be destroyed after data collection is completed.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0197. Public reporting burden for this collection of information is estimated to average 15 minutes per respondent per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Office, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

For Office Use Only	Date:	Site:
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Survey Instructions

You may be asked to skip over some questions in this survey. When this happens you will either see an arrow with a note that tells you what question to answer next, like this:

Yes → **If Yes, go to #1 on page 1**

No

or you will see an instruction like this:

Instructions: Please go to #1 on page 1

Questions

1. Who recommended that you use the *What Is Right For Me* Workbook?

- Peer Support Staff
- Therapist or Counselor
- Doctor, Nurse, or Physician's Assistant
- Case Manager
- Family member or friend
- Other _____
- No one – I found it

Your Decision

Think about the decision you used the Workbook for, whether or not you have made the decision yet, and answer the following questions.

2. What was your decision about?

- Mental health services
- Medications
- Other (for example, housing, employment, personal relationships)

3. In your own words, please describe what your decision was about.

4. How difficult was your decision?

- Not at all difficult
- Somewhat difficult
- Quite difficult
- Very difficult

5. How important to you was your decision?

- Not at all important
- Somewhat important
- Quite important
- Very important

Please continue on the next page

Using the Workbook

6. For each statement below, mark the box that best describes your experience.

Statement	Yes	No
a. The Workbook took too long	<input type="checkbox"/>	<input type="checkbox"/>
b. The Workbook made me more anxious about making a decision	<input type="checkbox"/>	<input type="checkbox"/>
c. The Workbook was helpful	<input type="checkbox"/>	<input type="checkbox"/>
d. I would use the Workbook again when I have another decision to make	<input type="checkbox"/>	<input type="checkbox"/>
e. I would recommend this Workbook to others who have a decision to make	<input type="checkbox"/>	<input type="checkbox"/>

Statement	Not at all	A little	Some what	Quite a bit	Very much	Does Not Apply
As a result of using the Workbook:						
f. I felt confident about making my own decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I looked for information to help me make my decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I thought about what is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I made the best decision I could in the circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I will be a better decision maker in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I felt less anxious about making a decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I used a step-by-step process to make my decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I identified sources of pressures (for example, other people or time) that could affect my decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I considered different options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I identified pros and cons of my decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I made a plan to implement my decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I determined what I need from other people to carry out my plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on the next page

7. Did you use the Workbook to discuss a decision about **mental health services** or **treatment issues** with a staff person?

- No → **If No, go to #13 on page 5**
 Yes

Sharing Your Decision

8. What type of staff person did you meet with?

- Peer Support Staff
 Therapist or Counselor
 Doctor, Nurse, or Physician's Assistant
 Case Manager
 Other _____
 Not sure

9. How long have you been meeting with this staff person?

- This is the first time
 Less than two months
 More than two months but less than one year
 One year or more

10. When you think about the decision you discussed with this staff person, who did you **want** this decision to be made by?

- Staff person should make the final decision without considering my opinion
 Staff person should make the final decision after considering my opinion
 Staff person and I should share responsibility for the final decision
 I should make the final decision after considering staff person's opinion
 I should make the final decision without considering staff person's opinion

11. When you think about the decision you discussed with this staff person, who was this decision **actually** made by?

- Staff person made the final decision without considering my opinion
 Staff person made the final decision after considering my opinion
 Staff person and I shared responsibility for the final decision
 I made the final decision after considering the staff person's opinion
 I made the final decision without considering the staff person's opinion
 Decision has not been made

Please continue on the next page

12. For each statement below, mark the box that best describes your experience.

Statement	Not at all	A little	Some what	Quite a bit	Very much	Does Not Apply
As a result of using the Workbook:						
a. I felt prepared to talk to the staff person about my mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I was able to explain to the staff person what is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I asked the staff person for information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I told the staff person about my previous experiences with mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The staff person and I discussed a number of options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I told the staff person how my beliefs affect my decisions about mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am confident I can talk to this staff person in the future about changing a decision, if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I realized I found it hard to talk about my concerns with this staff person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The staff person and I developed a plan that I can follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I found it easier to communicate with the staff person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As a result of using the Workbook, I felt that the staff person:						
k. Gave me information about mental health services options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Respected my right to make a decision about my own mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Understood what is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructions: Please go to #17 on page 7

13. Did you use the Workbook to discuss with a staff person a decision about something **other** than mental health services, such as housing, employment, or a personal relationship?

- No → **If No, go to #17 on page 7**
 Yes

Discussing Your Decision

14. What type of staff person did you meet with?

- Peer Support Staff
 Therapist or Counselor
 Doctor, Nurse, or Physician's Assistant
 Case Manager
 Other _____
 Not sure

15. How long have you been meeting with this staff person?

- This is the first time
 Less than two months
 More than two months but less than one year
 One year or more

Please continue on the next page

16. For each statement below, mark the box that best describes your experience.

Statement	Not at all	A little	Some what	Quite a bit	Very much	Does Not Apply
As a result of using the Workbook:						
a. I felt prepared to talk to the staff person about my decision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I was able to explain to the staff person what is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I asked the staff person for information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I told the staff person about my previous experiences with this issue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The staff person and I discussed a number of options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I told the staff person how my beliefs affect my decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am confident I can talk to this staff person in the future about changing a decision, if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I realized I found it hard to talk about my concerns with this staff person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The staff person and I developed a plan that I can follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I found it easier to communicate with the staff person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a result of using the Workbook, I felt that the staff person:						
k. Gave me suggestions about options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Supported my right to make a decision about my own life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Understood what is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on the next page

About You

17. What is your gender?

- Female
 Male

18. How old are you?

_____ years

19. Are you of Hispanic or Latino origin?

- Yes
 No

20. What is your race? Mark all that apply.

- American Indian/Alaskan Native
 Asian
 Black or African-American
 Native Hawaiian or other Pacific Islander
 White

21. How much education did you complete?

- Less than High School
 High School or GED
 Some college
 College graduate or more

22. What is your current employment status?

- Employed full-time
 Employed part-time
 Not employed

23. How long have you been receiving mental health services?

- This is the first time
 Less than one year
 Between one and five years
 More than five years

24. How long have you received services from this agency?

- This is the first time
 Less than one year
 Between one and five years
 More than five years

25. What information have you seen or heard about Shared Decision-Making?

- Presentation
 Brochure
 Video
 Internet
 Journal or Newspaper Article
 Other _____
 I have not heard about Shared Decision-Making

26. Is there anything else you think we should know about your experience using the Workbook to make a decision or discuss a decision with staff?

**You have completed the survey.
Thank you for your participation!**