



**Shared Decision Making**  
*in Mental Health*



**USER SATISFACTION SURVEY**  
on  
**DECISION SUPPORT WORKBOOKS**  
**for Mental Health Services Providers**

Thank you for taking the time to answer this survey about your experience with use of the Decision Support Workbooks for support of Shared Decision-Making in Mental Health Services. We are interested in your experiences with mental health services consumers who used the *What Is Right For Me* Workbook. We are also interested in your experience with the *Supporting Choice* Workbook, if you used it.

The results from this evaluation will be used to determine whether the Workbooks are useful for helping people make important decisions and whether they support shared decision-making in mental health services.

**Your participation is VOLUNTARY.** You may choose to answer this survey or not.

**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 evaluation 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 10 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:
------------------------	-------	-------

## Survey Instructions

You may be asked to skip over some questions in this survey. When this happens you will 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

## Questions

---

### Your Role

---

1. What is your primary role with consumers?

- Peer Support Staff  
 Medication Prescriber  
 Therapist or Counselor  
 Case Manager  
 Other \_\_\_\_\_

2. What is your education or training background?

- Psychiatrist/M.D.  
 Nurse  
 Physician's Assistant  
 Psychologist  
 Social Worker  
 Other Counseling or Related  
 Peer Support Training  
 Other \_\_\_\_\_

---

### Shared Decision-Making

---

3. What information have you read or been presented with on Shared Decision-Making in mental health services in the past 6 months?

- Presentation  
 Brochure  
 Video  
 Internet  
 Journal or Newspaper Article  
 Other \_\_\_\_\_  
 I have not seen any information on Shared Decision-Making

**Please continue on the next page**

---

## Consumers You Met With

---

**Think about the meetings you had with consumers who used the *What Is Right For Me* Workbook and answer the following questions. Estimate numbers as necessary.**

**4.** How many consumers did you meet with who used the *What Is Right For Me* Workbook before or during your meeting?

Number of consumers: \_\_\_\_\_

**5.** What were the content areas of the decisions you discussed with consumers?

Number of consumers

Mental health treatment or services: \_\_\_\_\_

Other (for example, employment or a personal relationship): \_\_\_\_\_

**6.** With how many of the consumers you met with did you discuss a shared decision between you and the consumer (a decision involving your expertise and recommendation)?

Number of consumers: \_\_\_\_\_

<b>7. Think about all of the meetings you had with consumers who used the Workbook and answer the following questions.</b>		
a. Do you believe that any of the consumers you met with <u>benefitted</u> from using the Workbook?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
b. Do you believe that, for any of the consumers you met with, use of the Workbook <u>increased their confidence</u> about making a decision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
c. Do you believe that, for any of the consumers you met with, use of the Workbook <u>increased their decision-making skills</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
d. Do you believe that, for any of the consumers you met with, use of the Workbook <u>increased the amount of information</u> they sought about their decision?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____

**Please continue on the next page**

<b>Think about all of the meetings you had with consumers who used the Workbook and answer the following questions.</b>		
e. Do you believe that, for any of the consumers you met with, use of the Workbook <u>increased their satisfaction</u> with the decision they made?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
f. Do you believe that, for any of the consumers you met with, use of the Workbook resulted in <u>improved communication</u> between you and the consumer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
g. Do you believe that, for any of the consumers you met with, use of the Workbook resulted in your better <u>understanding their goals</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
h. Do you believe that, for any of the consumers you met with, use of the Workbook resulted in your better <u>understanding their priorities</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
i. Do you believe that, for any of the consumers you met with, use of the Workbook resulted in your better <u>understanding their values or beliefs</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
k. Did use of the Workbook result in <u>increasing the amount of time</u> you spent with any consumers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
l. Was this <u>increase in time beneficial</u> for any consumers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
m. Did use of the Workbook result in <u>decreasing the amount of time</u> you spent with any consumers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
n. Was this <u>decrease in time beneficial</u> for any consumers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____

**Please continue on the next page**

8. If there was a change in the amount of time you spent with any consumer due to their use of the Workbook, did this create a problem for you?

- Yes
- No
- Not Applicable

9. Would you recommend that other staff encourage consumers to use the *What Is Right For Me* Workbook when they have an important decision to make?

- Yes
- No

---

## **Supporting Choice Workbook**

---

10. Did you use the *Supporting Choice* workbook?

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

11. How many consumers did you use the *Supporting Choice* Workbook with?

Number of consumers: \_\_\_\_\_

12. Does the *Supporting Choice* Workbook contain helpful tips about supporting decision-making?

- Yes
- No

13. Is the *Supporting Choice* Workbook a useful tool in combination with the *What Is Right For Me* Workbook?

- Yes
- No

14. Does the *Supporting Choice* Workbook enhance the work you already do to support consumers in making decisions?

- Yes
- No

15. Would you use the *Supporting Choice* Workbook again?

- Yes
- No

16. Would you recommend the *Supporting Choice* Workbook to other staff?

- Yes
- No

---

## **Your Thoughts**

---

17. Is there anything else you think we should know about your experience with the Workbooks or with Shared Decision-Making?

---

---

---

---

---

---

---

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