



Shared Decision Making
in Mental Health



USER SATISFACTION SURVEY
on
DECISION AID ON ANTIPSYCHOTIC MEDICATIONS
for Mental Health Services Consumers

Thank you for taking the time to answer this survey about your experience with using the computer-based Decision Aid on Antipsychotic Medications. We are interested in whether the Decision Aid provided useful information about antipsychotic medications and alternatives, whether it helped you think through a decision about use of antipsychotic medications or alternatives, and whether it helped you discuss your decision with a mental health service provider, if you did.

The results from this survey will be used to determine whether the Decision Aid is useful for helping people make important decisions about antipsychotic medications and alternative and complementary approaches, 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 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

Using the Decision Aid

1. Who, if anyone, assisted you when you used the Decision Aid?

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

2. Did you find the Decision Aid easy to use?

- Yes
- No

3. Did you have enough privacy when you used the Decision Aid?

- Yes
- No

4. Did you find the Decision Aid helpful?

- Yes
- No

5. Did you use the Decision Aid to prepare a written report?

- Yes, preparing a report was helpful
- Yes, but I did **not** find it helpful
- No

6. Were you able to complete the Decision Aid in one sitting?

- Yes
- No

7. How long did it take you to complete the Decision Aid?

- Less than half an hour
- Between half an hour and one hour
- Between one hour and two hours
- More than two hours

8. Did you find any of the supplemental Cool Tools in the Decision Aid helpful?

- Yes
- No

9. Did you find any of the links to other information or websites, such as peer support programs, to be useful?

- Yes
- No

10. Would you use the Decision Aid again?

- Yes
- No

11. Would you recommend the Decision Aid to others?

- Yes
- No

Please continue on the next page

Using the Decision Aid

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 Decision Aid:						
a. I know more about antipsychotic medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I learned more about recovery and wellness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 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"/>
d. I realize I have a number of options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I identified my most serious concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel more confident about making my own decision about antipsychotic medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I felt prepared to talk to my provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I learned more about peer support programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I compared the side effects of different antipsychotic medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I know more about alternatives to antipsychotic medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I thought about watchful waiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I felt less pressured about taking antipsychotic medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I know more about supplements that can be used in addition to antipsychotic medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on the next page

13. Have you met with a **prescriber** of **antipsychotic medications** (for example, a psychiatrist or a nurse practitioner) **since** you used the Decision Aid?

- No → **If No, go to #21 on page 5**
- Yes

Sharing Your Decision

Think about the decision that was made with the medication prescriber in your meeting. For example, this decision may have been for you to simply continue on current medications, if any, or it may have involved a change in medications or mental health services. Keep this decision in mind as you answer the following questions.

14. What type of provider did you meet with?

- Psychiatrist or other M.D.
- Nurse
- Physician's Assistant
- Other _____
- Not sure

15. How long have you been meeting with this provider?

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

16. Did you give the provider the written report you prepared with the Decision Aid?

- Yes
- No
- Not applicable

17. Did the provider review your written report either before or during your meeting?

- Yes
- No
- Not applicable or not sure

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

- Provider should make the final decision without considering my opinion
- Provider should make the final decision after considering my opinion
- Provider and I should share responsibility for the final decision
- I should make the final decision after considering provider's opinion
- I should make the final decision without considering provider's opinion
- Not sure

19. When you think about the decision you discussed with this provider, who was this decision **actually** made by?

- Provider made the final decision without considering my opinion
- Provider made the final decision after considering my opinion
- Provider and I shared responsibility for the final decision
- I made the final decision after considering the provider's opinion
- I made the final decision without considering the provider's opinion
- Not sure
- Decision has not been made

Please continue on the next page

Instructions: Think about the meeting you had with the medication prescriber as you complete the two sets of statements below.

20. 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 Decision Aid:						
a. I felt more confident about asking questions about antipsychotic medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I told the provider 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 provider for information about alternatives to antipsychotic medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I was more confident about discussing difficult topics with the provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The provider 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 provider what bothers me about antipsychotic medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The provider 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"/>
h. I realized I found it hard to talk about my concerns with this provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I told the provider how my beliefs affect my decisions about medications and other mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a result of using the Decision Aid, I felt that the provider:						
j. Talked with me about the possible advantages and side effects of one antipsychotic medication compared to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Supported my right to make my own decision about anti-psychotic medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Understood what is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Talked with me about alternatives to antipsychotic medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please continue on the next page

21. Have you discussed what you were considering when you used the Decision Aid with a mental health services provider who is **not** a prescriber of antipsychotic medications (for example, a therapist or case manager)?

- No → **If No, go to #27 on page 7**
- Yes

Discussing Your Decision

Think about your meeting with this service provider as you answer the following questions.

22. What type of provider did you meet with?

- Therapist or Counselor
- Case Manager
- Peer Support Staff
- Other _____
- Not sure

23. How long have you been meeting with this provider?

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

24. Did you give the provider the written report you prepared with the Decision Aid?

- Yes
- No
- Not applicable

25. Did the provider review your written report either before or during your meeting?

- Yes
- No
- Not applicable or not sure

Please continue on the next page

Instructions: Think about the meeting you had with this provider as you complete the two sets of statements below.

26. 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 Decision Aid:						
a. I felt more confident about asking questions about antipsychotic medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I told the provider 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 provider for information about alternatives to antipsychotic medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I was more confident about discussing difficult topics with the provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The provider 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 provider what bothers me about antipsychotic medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The provider 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"/>
h. I realized I found it hard to talk about my concerns with this provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I told the provider how my beliefs affect my decisions about medications and other mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a result of using the Decision Aid, I felt that the provider:						
j. Talked with me about the possible advantages and disadvantages of mental health services and alternatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Supported my right to make my own decision about my mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Understood what is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Talked with me about alternatives to antipsychotic medications	<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

27. How much experience have you had using a computer?

- No experience
- Some experience
- A lot of experience

28. How comfortable are you with using a computer?

- Not at all comfortable
- Somewhat comfortable
- Very comfortable

29. Were you comfortable putting your personal information in the Decision Aid?

- Not at all comfortable
- Somewhat comfortable
- Very comfortable

30. What is your gender?

- Female
- Male

31. How old are you?

_____ years

32. Are you of Hispanic or Latino origin?

- Yes
- No

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

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

34. How much education did you complete?

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

35. What is your current employment status?

- Employed full-time
- Employed part-time
- Not employed

36. 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

37. How long have you been taking anti-psychotic medication?

- This is the first time
- Less than one year
- Between one and five years
- More than five years
- I have never taken antipsychotic medication

38. 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

Please continue on the next page

39. Have you ever used the *What Is Right For Me* Workbook to help you make a decision?

- Yes
- No

40. Is there anything else you think we should know about your experience using the Decision Aid?

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