



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



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

Thank you for taking the time to answer this survey about your experience with use of the computer-based Decision Aid on Antipsychotic Medications. We are interested in your experiences with mental health services consumers who used the Decision Aid.

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.

**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 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:
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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

### Your Training and Role

1. What is your education or training background?

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

2. What is your primary role with consumers?

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

### Consumers You Met With

Think about the meetings you had with consumers who used the Decision Aid and answer the following questions. Estimate numbers as necessary.

3. How many consumers did you meet with who used the Decision Aid?

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

4. 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: \_\_\_\_\_

5. How many of the consumers you met with shared a written report they prepared using the Decision Aid?

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

6. With how many of the consumers you met with were you able to review the written report?

Number of consumers

Before the meeting: \_\_\_\_\_

During the meeting: \_\_\_\_\_

**Please continue on next page**

<b>7. Think about all of the meetings you had with consumers who used the Decision Aid and answer the following questions.</b>		
a. Do you believe that any of the consumers you met with <u>benefitted</u> from using the Decision Aid?	<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 Decision Aid <u>increased their confidence</u> about making a decision about mental health treatment or services?	<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 Decision Aid increased their confidence about <u>talking to you or another provider</u> about mental health treatment or services?	<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 Decision Aid increased their knowledge about <u>antipsychotic medications</u> including benefits and side effects?	<input type="checkbox"/> Yes  <input type="checkbox"/> No	If yes, how many? _____
e. Do you believe that, for any of the consumers you met with, use of the Decision Aid increased their knowledge about <u>alternatives to antipsychotic medications</u> ?	<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 Decision Aid <u>increased their satisfaction</u> with the decision they made?	<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 Decision Aid increased their knowledge about <u>complementary approaches to antipsychotic medications</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 Decision Aid <u>increased their knowledge about health and wellness</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 Decision Aid increased their knowledge about <u>recovery activities</u> ?	<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 Decision Aid and answer the following questions.</b>		
j. Do you believe that, for any of the consumers you met with, use of the Decision Aid resulted in <u>improved communication</u> between you and the consumer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
k. Do you believe that, for any of the consumers you met with, use of the Decision Aid resulted in your better understanding their <u>previous experiences with antipsychotic medications</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
l. Do you believe that, for any of the consumers you met with, use of the Decision Aid resulted in your better understanding their <u>goals</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
m. Do you believe that, for any of the consumers you met with, use of the Decision Aid resulted in your better understanding their <u>priorities</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
n. Do you believe that, for any of the consumers you met with, use of the Decision Aid resulted in your better understanding their <u>values or beliefs</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
o. Did use of the Decision Aid 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? _____
p. Was this <u>increase in time beneficial</u> for any consumers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many? _____
q. Did use of the Decision Aid 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? _____
r. 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**

## Your Thoughts

8. Did you review the Decision Aid yourself?

- Yes  
 No → **If No, go to #14 on this page**

9. Would you recommend the Decision Aid to consumers?

- Yes  
 No

10. Do you think the Decision Aid supports shared decision-making in mental health?

- Yes  
 No

11. Do you think the Decision Aid provides enough information to consumers?

- Yes  
 No

12. Do you think the Decision Aid gives consumers misleading information about antipsychotic medications?

- Yes  
 No

13. Do you think the Decision Aid provides sufficient information on alternatives to antipsychotic medications?

- Yes  
 No

14. 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

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

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