

**Pre-training clinician survey to assess prior experience with SDM:**

Demographics

1. Today's date: \_\_\_\_\_
2. Your name (please print legibly): \_\_\_\_\_
3. Your email address: \_\_\_\_\_
4. Location of your practice: \_\_\_\_\_
5. What is your age (in years)?  
\_\_\_\_ years
6. What is your degree?  
\_\_\_\_ DO (Doctor of Osteopathic Medicine)  
\_\_\_\_ MD (Doctor of Medicine)  
\_\_\_\_ NP (Nurse Practitioner)  
\_\_\_\_ PA (Physician Assistant)  
\_\_\_\_ Other; Please specify: \_\_\_\_\_
7. In what year did you receive this degree? \_\_\_\_\_
8. What is your gender?  
\_\_\_\_ Female  
\_\_\_\_ Male  
\_\_\_\_ Transgender: Identify as female  
\_\_\_\_ Transgender: Identify as male  
\_\_\_\_ Other  
\_\_\_\_ Prefer not to answer
9. What is your race? Please mark all that apply.  
\_\_\_\_ White  
\_\_\_\_ Black or African-American  
\_\_\_\_ Asian  
\_\_\_\_ Native Hawaiian or other Pacific Islander  
\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_ Other, please specify:  
\_\_\_\_ Prefer not to answer
10. Are you of Hispanic, Latinx, or Spanish origin?  
\_\_\_\_ Yes  
\_\_\_\_ No  
\_\_\_\_ Prefer not to answer
11. What is your medical specialty (e.g., Family Medicine, Internal Medicine, Cardiology, etc.).  
Please list all: \_\_\_\_\_
12. How many days (or half days) do you see patients in a typical week? \_\_\_\_ days per week

13. How many patients do you see in a typical day? \_\_\_\_\_ patients per day

14. Sometimes medical action is clearly necessary, and sometimes it is clearly *not* necessary. Other times, reasonable people differ in their beliefs about whether medical action is needed. In situations where it's not clear, do you tend toward **taking action** or do you tend toward **waiting and seeing** if action is needed?

I strongly lean toward waiting and seeing 1	2	3	4	5	I strongly lean toward taking action 6
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### Prior Experience with Shared Decision Making

15. Have you ever received any additional training beyond residency in how to engage in shared decision making with your patients?

- Yes  
 No

10b. If you said 'Yes' to #10, briefly describe the training you received and where/how you received it:

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16. How confident are you that you understand what shared decision making is?

- Not at all confident  
 Slightly confident  
 Somewhat confident  
 Fairly confident  
 Completely confident

17. How confident are you in your ability to engage in shared decision making with your patients?

- Not at all confident  
 Slightly confident  
 Somewhat confident  
 Fairly confident  
 Completely confident

18. How often do you currently engage in shared decision making with your patients?

- Almost always  
 Often  
 Sometimes  
 Rarely  
 Never

19. Excluding emergency situations, how often do you think patients' preferences should be taken into account when making clinical decisions?

- Almost always
- Often
- Sometimes
- Rarely
- Never