Post-training survey to assess experiences with SHARE training: Today's date: _____ Your name (please print legibly):_____ Please list your email address: 1. Now that you have received the SHARE Approach training, how confident are you in your understanding of what shared decision-making is? Not at all confident ___ Slightly confident ___ Somewhat confident ___ Fairly confident Completely confident 2. Now that you have received the SHARE Approach training, 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 3. Now that you have received the SHARE Approach training, how often do you think you will engage in shared decision-making with your patients? ___ Almost always ___ Often ___ Sometimes ___ Rarely Never 4. Now that you have received SHARE Approach training, how often do you think patients' preferences should be taken into account when making clinical decisions? ___ Almost always ___ Often ___ Sometimes ___ Rarely Never Evaluation of SHARE Training: 5. Do you think that the SHARE Approach training will be useful for your daily practice? ___ Strongly agree ___ Agree ___ Undecided ___ Disagree

6. Do you think that the SHARE Approach training will improve your ability to engage in shared decision making with your patients?

Strongly disagree

	Strongly agree Agree Undecided Disagree Strongly disagree
7.	Overall, what was your experience of the training that you received today? Very positive Somewhat positive Neutral Somewhat negative Very negative
	8. What part of the training did you find to be the MOST valuable?
_	9. What part of the training did you find to be the LEAST valuable?
	10. What suggestions do you have for improving the SHARE Approach training?