

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:

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