PART I: General appreciation

1. How did you like this Decision Box?



PART II: Questionnaire based on the Theory of planned behaviour

Now, thinking of your next patient to who this intervention might apply, please read the following comments and check the answer of your choice.

2. I intend to use what I learned from this document to precisely explain to this patient the advantages and disadvantages of the options.

Strongly disagree					Stro	ongly agree
-3	-2	-1	0	+1	+2	+3
0	0	0	0	0	0	0

3. Most of my patients would approve of my using what I learned from this document to precisely explain to this patient the advantages and disadvantages of the options.

Would strongly disapprove				V	Nould strong	gly approve
-3	-2	-1	0	+1	+2	+3
0	0	0	0	0	0	0

It seems to me that using what I learned from this document to precisely explain the advantages and disadvantages of the options to my next patient who considers this intervention is...

	с орионо и	- / 1						
0	0	0	0	0	0	0		
-3	-2	-1	0	+1	+2	+3		
Very useles	s					Very useful		
0	0	0	0	0	0	0		
-3	-2	-1	0	+1	+2	+3		
Very diffic	ult			Very easy				
0	0	0	0	0	0	0		
-3	-2	-1	0	+1	+2	+3		
Very irresp	Very irresponsible				Very responsible			
0	0	0	0	0	0	0		
-3	-2	-1	0	+1	+2	+3		
Very unlik	Very unlikely				Very likely			
0	0	0	0	0	0	0		
-3	-2	-1	0	+1	+2	+3		
Very harm	ful			Very beneficia				

9. My close colleagues would approve of my using what I learned from this document to precisely explain to this patient the advantages and disadvantages of the options.

Strongly disagree					Str	ongly agree
-3	-2	-1	0	+1	+2	+3
0	0	0	0	0	0	0

10. I feel able to use what I learned from this document to precisely explain to this patient the advantages and disadvantages of the options.

Strongly disagree					Str	ongly agree
-3	-2	-1	0	+1	+2	+3
0	0	0	0	0	0	0

11. I will use what I learned from this document to precisely explain to this patient the advantages and disadvantages of the options.

-3	-2	-1	0	+1	+2	+3
Very unlikely						Very likely

12. I see many reasons to use what I learned from this document to precisely explain to my next patient the advantages and disadvantages of the options.

Stroi	ngly disagree			Str	ongly agree	
-3	-2	-1	0	+1	+2	+3
0	0	0	0	0	0	0

13. Most people in my professional surroundings would urge me to use what I learned from this document to precisely explain to this patient the advantages and disadvantages of the options.

Strongly disagree					Stro	ongly agree
-3	-2	-1	0	+1	+2	+3
0	0	0	0	0	0	0
	· · ·	•				•

PART III: Information Assessment Method (IAM)

SECTION #1 – COGNITIVE IMPACTS of the information

14. What is the impact of this information on you or your practice? Please check all Note: You can check more than one type of impact ¹	l that apply
My practice is (will be) changed and improved	0
If Yes, what aspect is (will be) changed or improved?	
• Diagnostic approach?	0
 Therapeutic approach? 	0
 Disease prevention or health education? 	0
Couselling approach?	0
I learned something new	0
I am motivated to learn more	0
This information confirmed I did (am doing) the right thing	0
I am reassured	0
I am reminded of something I already knew	0
I am dissatisfied	0
There is a problem with the presentation of this information	0
If Yes, what problem do you see?	
 Too much information? 	0
Not enough information?	0
Information poorly written?	0
• Too technical?	0
• Other?	0
If yes, please describe this problem.	
Open text field	
I disagree with the content of this information	0
This information is potentially harmful.	0
If yes, please describe how this information may be harmful	
Open text field	

¹ Note to programmer: MUST check at least one

Section #2 - RELEVANCE of the information

Totally relevant

15. Is this information relevant for at least one of your patients?²

0	Partially relevant			
•	Not relevant			
Section	#3 - USE of the information			
16. Will y	you use this information for a specific patient? ³	Yes	No	Possibly
		0	•	0
	lease check all that apply⁴ u can check more than one type of use.			
•	As a result of this information I will manage this p	atient differen	tly	0
•	I had several options for this patient, and I will use	e this informat	ion to justify a choice	. 0
•	I did not know what to do, and I will use this infor	mation to mar	nage this patient	0
•	I thought I knew what to do, and I used this informanagement of this patient	mation to be m	ore certain about the	9 0
•	I used this information to better understand a par	ticular issue re	elated to this patient	0
•	I will use this information in a discussion with this professionals about this patient	patient, or wit	th other health	0
•	I will use this information to persuade this patient professionals to make a change for this patient	t, or to persuad	de other health	0

Note to programmer: Answering "No" will disable Question #16
 Note to programmer: Answering "No" or "Possibly" will disable items of 'use' and question #17
 Note to programmer: MUST check at least one

Section #4 - EXPECTED BENEFITS of the information 17. For this patient, do you expect any health benefits as a result of applying Yes No this information?⁵ 0 0 If YES: Check all that apply. You may check more than type of health benefit ⁶ 0 This information will allow the patient to make a decision that is in better agreement with his/her personnal circumstances, values and preferences. This information will help reduce the patient's uncertainty about the best decision to make. 0 0 This information will help to avoid unnecessary or inappropriate treatment, diagnostic procedures, preventative interventions or a referral, for this patient Comment on this information or this questionnaire. Open text field

Thank you for having completed this questionnaire

⁵ Answering "No" will disable items of 'health benefit'

⁶ Note to programmer: **MUST check at least one**