

Shared Decision Making in Parents of Children with Head Trauma **Post Encounter Survey**



Thank you for helping with this study. Your answers are very important to us. Please take the time to read and answer each question. Your responses are confidential and your clinician will not see your answers.

1. Which of the following options of care best describes the decision you made today regarding your child receiving a Head CT?

- 1 To have a Head CT
- 2 Active observation at home
- 3 To have the emergency doctor make the decision for me

2. The following questions are about the visit you had with your clinician today and the discussion you had about whether your child should receive a Head CT. Please mark the best answer to each of these questions by marking an X in the box you select.

a. How would you describe the *amount of information* provided to you about your child receiving a Head CT during the visit?

Too little information	Just the right amount of information	Too much information		
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

b. How would you describe the *clarity of information* provided to you about whether your child should receive a Head CT during the visit?

Not clear at all	Somewhat clear	Extremely clear		
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

c. How **helpful** was the information provided to you about whether your child should receive a Head CT during the visit?

Not helpful at all	.....	Somewhat helpful	.....	Extremely helpful
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
			6 <input type="checkbox"/>	7 <input type="checkbox"/>

d. Would you want to get information about other options for your child’s care in the same way that you got information about whether your child should receive a Head CT during the visit?




Yes, for sure	.....	Not sure	.....	No, not at all
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
			6 <input type="checkbox"/>	7 <input type="checkbox"/>

e. Would you recommend the way that you and your provider shared information about whether your child should receive a Head CT to other patients?

Yes, I strongly recommend it	.....	Not sure whether to recommend it or not	.....	No, I strongly recommend against it
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
			6 <input type="checkbox"/>	7 <input type="checkbox"/>

Please answer the following questions as best you can.
This is not a test – what is important is that your answers show what you think.

3. Below are listed some statements about brain injury and Head CT. Please make an ‘x’ inside that box to let us know whether you think they are true, false, or you are unsure.

	True	False	Unsure
			
a. There is a possibility that my child could have bleeding in or around his/her brain.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Having a head CT scan is the only option that I have to know if my child has a brain injury.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. A head CT scan is necessary to diagnose a concussion.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. A brain injury always requires a medical intervention.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Having a head CT scan will confirm right away if my child has a brain injury.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. My child will not be exposed to radiation with a head CT scan.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. I only need to return to the Emergency Department (ED) if my child is getting worse in the next 12 hours following our discharge from the ED.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. The CT scan may find irrelevant things that will lead to more tests.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. If my child vomits but is still able to eat, I should return to the Emergency Department.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. I should keep my child awake for 12 hours after we leave the Emergency Department, to make sure they are okay.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

4. How many children like your child do you think will have significant brain injury out of 100 children?






Provide a value of 0-100 or respond ‘I do not know’:

I do not know.

5. Thinking about the conversation that you had with your child’s clinician today about whether or not your child should have a Head CT, please mark an x inside the box that best describes your agreement with the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. I know which options are available to me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I know the benefits of each option.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. I know the risks and side effects of each option.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. I am clear about which benefits matter most to me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. I am clear about which risks and side effects matter most to me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. I am clear about which is more important to me (the benefits or the risks and side effects).	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. I have enough support from others to make a choice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. I am choosing without pressure from others.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. I have enough advice to make a choice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. I am clear about the best choice for my child.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. I feel sure about what to choose.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. This choice is easy for me to make.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. I feel I have made an informed choice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. My choice shows what is important to me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. I expect to stick with my choice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. I am satisfied with my choice.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

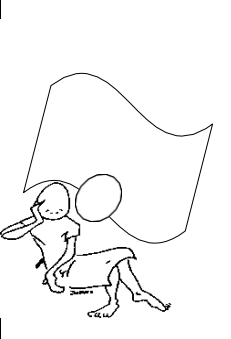

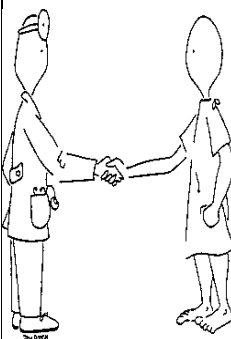

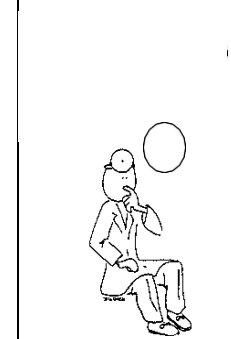
6. How much do you trust the clinician who discussed your child’s receiving a Head CT during your visit today to:

	Not at all	A little	Somewhat	Mostly	Completely
					
a. Always tell you the truth.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Provide you with accurate, up-to-date, medical information.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Make it easy for you to bring up a prior discussion about your condition and discuss it again.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Make excellent medical judgments on your behalf.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Do everything medically that should be done in order to ensure the best possible result.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Tell you when you could benefit from seeing a specialist.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Tell you if a mistake was made about your treatment.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Put your medical needs above all other considerations, including cost.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Listen well so he/she understands your needs and concerns.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Never pretend to know things when he/she is not sure.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

7. Thinking about the decision you made today about your child receiving a Head CT, would your decision be different if your care was free (no cost to you or your insurer)?

- 1 Yes
- 2 No

8. During visits where a decision is made with a clinician about care for my child, I am most comfortable when...

				
I make decisions about my child's health care.	I make decisions about my child's health care after seriously considering my clinician's opinion.	My clinician and I share responsibility for making decisions about my child's health care.	My clinician makes decisions about my child's Health care, but seriously considers my opinion.	My clinician makes decisions about my child's health care.
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

9. Sometimes people need help completing surveys. Please indicate who answered the majority of the questions in this booklet. (Mark one.)

- 1 Child's Mother
- 2 Child's Father
- 3 Another family or household member
- 4 Friend of the family
- 5 Clinic staff
- 6 Other, please specify: _____

Thank you for completing the survey!
Please return it to the study coordinator.