

Clinician's Initials:

Patient Study ID:

Study ID:

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



1. In the clinical encounter where the decision was made with the parent(s) (check one box):

- 1 I made the decision on my own.
- 2 I made the decision after seriously considering the parent's opinion.
- 3 The parent(s) and I shared the responsibility for making the decision after considering both of our opinions.
- 4 The parent(s) made the decision after seriously considering my opinion.
- 5 The parent(s) made the decision on his/her/their own.

2. You gave information about pediatric head trauma, the child's risk for traumatic brain injury (TBI) in need of acute intervention (neurosurgical intervention, elevation of depressed skull fracture, intubation for TBI > 24hrs, or hospitalization for TBI 2 nights or more), and their diagnostic options during this visit. How *helpful* do you think this information was to the parent(s)?

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"/>

3. Would you want to present information about other diagnostic choices in the same way that you presented information about pediatric Head CT during this 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"/>

4. Would you *recommend* to other providers the way that you presented information on pediatric head trauma, the child’s risk for TBI in need of acute intervention (neurosurgical intervention, elevation of depressed skull fracture, intubation for TBI > 24hrs, hospitalization for TBI 2 nights or more), and their diagnostic options during this visit?

Yes, I would strongly recommend it	Not sure whether to recommend it or not	No, I would 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"/>		

5. Thinking about the conversation you had with the parents, the child’s risk for TBI in need of acute intervention, and their diagnostic options during this visit, please place an “X” inside the box that best describes your agreement with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	▼	▼	▼	▼	▼
a. I feel the parent(s) has/have made a choice informed by the information we discussed.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. The parent’s decision shows what is important to him/her.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. I expect the parent(s) to stick with his/her decision.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. I think the parent is satisfied with his/her decision.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

6. What is the level of suspicion for the presence of TBI, regardless of whether a CT is being ordered or obtained (intracranial hematoma, cerebral contusion, cerebral edema or depressed skull fracture; excludes isolated linear skull fracture)?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
< 1 %	1-5%	6-10%	11-50%	> 50%

7. What is the level of suspicion of TBI in need of acute intervention, regardless of whether a CT is being ordered or obtained (neurosurgical intervention, elevation of depressed skull fracture, intubation for TBI > 24hrs, hospitalization for TBI 2 nights or more)?

1 2 3 4 5
< 1 % 1-5% 6-10% 11-50% > 50%

8. If a head CT was obtained, rank the top three indications that were most important in influencing your decision to obtain a head CT for this child:

- 1 Young age
- 2 Seizure
- 3 Clinical evidence of skull fracture
- 4 Skull fracture on x-ray
- 5 Mechanism
- 6 Headache
- 7 Scalp hematoma
- 8 Trauma team request
- 9 LOC
- 10 Vomiting
- 11 Neurological deficit (other than mental status)
- 12 Referring MD request
- 13 Amnesia
- 14 Decreased mental status
- 15 Parental anxiety / request
- 16 Other (describe): _____

**Thank you for completing the survey and participation in the trial.
Please return the survey to the study coordinator.**