

Study ID Number for appointment: \_\_\_\_\_

## PATIENT POST-APPOINTMENT QUESTIONNAIRE

### A Study of Shared Decision-Making in Neurology Clinics

1. Were you given a diagnosis at this appointment? (Please circle one answer)

YES

NO (I already had one from a previous appointment)

NO (the diagnosis is not yet known)

2. If known, what diagnosis have you been given?

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3. Did the doctor give you a choice about any tests or treatment you might have or the next step in the management of your condition? (Please circle one answer)

YES (please answer questions 4-6)

NO (please answer question 6)

4. If so, what were your options?

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5. Do you think the doctor preferred one of the options you were offered?  
(Please circle one answer)

YES Please say what you think the preference was

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NO

6. How do you feel about whatever is going to happen next?

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