

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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