

Clinical Decision Making Involvement and Satisfaction –Service User (CDIS-P)

If you wrote 'no decision made' please go straight to Question 6 on Page 7.

A – Satisfaction

Please answer the following questions about the clinical decision you wrote down on the previous page. Please indicate to what extent each statement is true for you FOR THIS DECISION by placing a tick in one box for each question.

	strongly disagree	disagree	neither agree/disagree	agree	strongly agree	
1. I am satisfied that I am adequately informed about the issues important to the decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[CDISP01]
2. The decision we made was the best decision possible in my view.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[CDISP02]
3. I am satisfied that the decision was consistent with my personal values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[CDISP03]
4. I expect the decision we made to be successfully acted on/continued to be acted on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[CDISP04]
5. I am satisfied that this was the decision to make.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[CDISP05]
6. I am satisfied with the decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[CDISP06]

B – Involvement

Please indicate which statement is true for you FOR THIS DECISION by placing a tick in the appropriate box.

Tick ONE box only.

A. I made the final decision.	<input type="checkbox"/>	[CDISP07]
B. I made the final decision after seriously considering my clinicians opinion.	<input type="checkbox"/>	
C. My clinician and I shared responsibility for making the best decision for me.	<input type="checkbox"/>	
D. My clinician made the final decision, but seriously considered my opinion.	<input type="checkbox"/>	
E. My clinician made the final decision.	<input type="checkbox"/>	