

Clinical Decision Making Involvement and Satisfaction – Staff (CDIS-S)

Today's date: DD/MM/YYYY

[CDISSDATE]

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Your service user chose the following decision from your last meeting:

A – Satisfaction

Please answer the following questions about the clinical decision above. 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 had adequate information from the service user about the issues important to them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[CDISS01]
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"/>	[CDISS02]
3. I am satisfied that the decision was consistent with my personal and professional values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[CDISS03]
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"/>	[CDISS04]
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"/>	[CDISS05]
6. I am satisfied with the decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	[CDISS06]

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. The service user made the final decision.	<input type="checkbox"/>	[CDISS07]
B. The service user made the final decision after seriously considering my opinion.	<input type="checkbox"/>	
C. The service user and I shared responsibility for making the best decision for them.	<input type="checkbox"/>	
D. I made the final decision after seriously considering the service user's opinion.	<input type="checkbox"/>	
E. I made the final decision.	<input type="checkbox"/>	