Clinical Decision Making Style – Service User (CDMS-P)

A. These questions are about your attitudes towards decision-making in mental health-care. Please tick to what extent you agree with the following statements (from "strongly disagree" to "strongly agree").

		Strongly disagree	*Slightly disagree*	*Neither disagree or agree*	*Slightly agree*	*Strongly agree*	
1.	Important decisions should be made by the clinician in charge and not by me.	☐	☐	☐	☐	☐	[CDMSP01]
2.	Even if I have a different opinion than my clinician, I should still follow his/her advice.	☐	☐	☐	☐	☐	[CDMSP02]
3.	If I have to be treated in hospital, I shouldn't make my own decisions concerning my treatment.	☐	☐	☐	☐	☐	[CDMSP03]
4.	I should make my own decisions concerning everyday problems connected to my illness.	☐	☐	☐	☐	☐	[CDMSP04]
5.	If my illness gets worse, I want my clinician to take more control of my treatment.	☐	☐	☐	☐	☐	[CDMSP05]
6.	I should decide for myself how often I want to see my clinician.	☐	☐	☐	☐	☐	[CDMSP06]

B. Here are some case examples. Please read them thoroughly and answer the questions relating to them by ticking the items that best apply to you.

Case example 1: Imagine you are on the road to recovery after a critical stage of your illness and now you would like to return to your place of work/occupation.

Who should make the following decisions?

		Me	*Mainly me*	*Jointly with clinician*	*Mainly clinician*	*Clinician*	
7.	If I can return to work at all.	☐	☐	☐	☐	☐	[CDMSP07]
8.	What type of occupation would be suitable (e.g. less demanding or the same as before)?	☐	☐	☐	☐	☐	[CDMSP08]
9.	How much I should work (part-time or full-time)?	☐	☐	☐	☐	☐	[CDMSP09]

Case example 2: Imagine that you experience unusually severe side effects due to your medication.

Who should make the following decisions?

		Me	Mainly me	Jointly with clinician	Mainly clinician	Clinician	
10.	If I should see a doctor because of this.	☐	☐	☐	☐	☐	[CDMSP10]
11.	If the present medication dosage should be changed.	☐	☐	☐	☐	☐	[CDMSP11]
12.	If I should take another medication.	☐	☐	☐	☐	☐	[CDMSP12]

Case example 3: Your clinician suggests you take medication for your mental health problems.

Who should make the following decisions?

		Me	Mainly me	Jointly with clinician	Mainly clinician	Clinician	
13.	If I take this medication at all.	☐	☐	☐	☐	☐	[CDMSP13]
14.	In what form I take it (e.g. depot, tablets)?	☐	☐	☐	☐	☐	[CDMSP14]
15.	How long I take the drugs for?	☐	☐	☐	☐	☐	[CDMSP15]

C. The following questions refer to your need for information as a service user. Please indicate how much you agree with each statement.

		Strongly disagree	Slightly disagree	Neither disagree or agree	Slightly agree	Strongly agree	
16.	The more my illness worsens, the more I should be informed about the facts.	☐	☐	☐	☐	☐	[CDMSP16]
17.	I should know exactly what is going to happen to me regarding my illness.	☐	☐	☐	☐	☐	[CDMSP17]
18.	The clinician should explain to me the purpose of examinations.	☐	☐	☐	☐	☐	[CDMSP18]
19.	I should only receive information when I ask for it.	☐	☐	☐	☐	☐	[CDMSP19]
20.	It's important for me to know all the side-effects of my treatment.	☐	☐	☐	☐	☐	[CDMSP20]
21.	If various treatment methods are possible then I should be informed about them.	☐	☐	☐	☐	☐	[CDMSP21]

Development of CDMS
CDMS has been developed as part of the CEDAR Study (www.cedar-net.eu), along with the Clinical Decision-Making in Routine Care (CDRC) and Clinical Decision-Making Involvement and Satisfaction (CDIS) measures. All three measures have equivalent service user-rated versions (CDRC-P, CDIS-P and CDMS-P) and staff-rated versions (CDRC-S, CDIS-S and CDMS-S). All measures are available in Danish, English, German, Hungarian and Italian. All CEDAR measures are copyrighted. CEDAR measures can be freely used for clinic, research and teaching, but cannot be changed (other than as described in the administration instructions for CDRC and CDIS) without permission from the Principal Investigator Dr Bernd Puschner (Bernd.Puschner@bkh-guenzburg.de).

The CDMS is a modified version of the "Autonomy Preference Index" (Ende, J., Kazis, L., Ash, A., Moskowitz, M.A. (1989). Measuring patients' desire for autonomy: decision making and information-seeking preferences among medical patients. *Journal of General Internal Medicine, 4*(1): 23-30) adapted for use in mental health care. It has 21 items which constitute the two subscales "Participation in Decision Making" (Sections A and B) and "Information" (Section C).

Administration
CDMS-P is completed by the service user, with assistance where needed. Section A comprises 6 items to indicate general preferences for decision making in routine mental health services. Section B comprises 9 items to indicate specific preferences for decision making in relation to three clinical vignettes (work, medication side effects, medication in general). Section C comprises 5 items to indicate information seeking when making a treatment decision.

Scoring
Participation in Decision Making sub-scale (PD)
Items in Sections A are scored from 0 (Strongly disagree) to 4 (Strongly agree). Reverse items 1, 2, 3 and 5. Items in Section B are scored from 4 (Me) to 0 (Clinician). The Participation in Decision Making sub-scale is the prorated mean of all items in Sections A and B and can be calculated when at least 12 of the 15 items have been rated. It ranges from 0 to 4, with a higher score indicating a higher desire by the service user to be an active participant in decision making.

Information sub-scale (IN)
Items in Section C are scored from 0 (Strongly disagree) to 4 (Strongly agree). The Information sub-scale is the prorated mean of items 16-18 and 20-21 in Section C and can be calculated when at least 4 of the 5 items have been rated. It ranges from 0 to 4, with a higher score indicating a higher desire by the service user to be provided with information.