



Shared Decision Making – Exploring the Perspectives of Arabic-Speaking Patients with Chronic Diseases

Section A

1. What is your sex?
☐ Male ☐ Female
2. How old are you?
☐ 18-30 years ☐ 31-45 years ☐ 46-60 years ☐ 61-75 years
3. What is your country of birth? _____
4. What is your marital status?
☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated
5. What is the highest level of education that you have attained?
☐ Primary school ☐ Middle school ☐ High school ☐ Undergraduate degree ☐ Postgraduate degree
6. What is your current employment status?
☐ Full-time ☐ Part-time ☐ Unemployed ☐ Retired ☐ Housewife
7. Which of the following chronic diseases do you have? Under the name of each disease that you have, please indicate the number of years for which you have had it.

<input type="checkbox"/> High blood pressure	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart failure	<input type="checkbox"/> Arrhythmia
_____ years	_____ years	_____ years	_____ years	_____ years
<input type="checkbox"/> Atherosclerosis	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____	
_____ years	_____ years	_____ years	_____ years	

Section B This section assesses your ability to obtain and understand basic health information.

8. How often do you have someone help you read hospital materials?
☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
9. How often do you have problems learning about your medical condition because of difficulty reading hospital materials?
☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
10. How confident are you filling out forms by yourself?
☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
11. Do you have any unanswered questions regarding any aspect of your condition, treatment, or care in general?
☐ Yes ☐ No
12. Are you interested in finding out more about your condition, treatment, or care in general?
☐ Yes ☐ No
13. Please select the **two** most important sources that you use to obtain information about your condition, treatment, or health in general.
☐ Friends and family ☐ The internet ☐ My doctor ☐ Nurses ☐ Pharmacists
☐ Magazines ☐ Other, specify _____

Section C Under each heading, please select the ONE box that best describes your health TODAY.

14. Mobility

- ☐ I have no problems in walking about
☐ I have slight problems in walking about
☐ I have moderate problems in walking about
☐ I have severe problems in walking about
☐ I am unable to walk about

15. Self-care

- ☐ I have no problems washing or dressing myself
☐ I have slight problems washing or dressing myself
☐ I have moderate problems washing or dressing myself
☐ I have severe problems washing or dressing myself
☐ I am unable to wash or dress myself

16. Usual activities (e.g., work, study, housework, family or leisure activities)

- ☐ I have no problems doing my usual activities
☐ I have slight problems doing my usual activities
☐ I have moderate problems doing my usual activities
☐ I have severe problems doing my usual activities
☐ I am unable to do my usual activities

17. Pain/discomfort

- ☐ I have no pain or discomfort
☐ I have slight pain or discomfort
☐ I have moderate pain or discomfort
☐ I have severe pain or discomfort
☐ I have extreme pain or discomfort

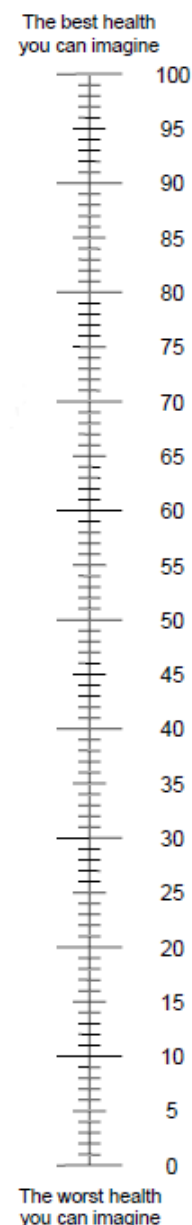
18. Anxiety/depression

- ☐ I am not anxious or depressed
☐ I am slightly anxious or depressed
☐ I am moderately anxious or depressed
☐ I am severely anxious or depressed
☐ I am extremely anxious or depressed

19. We would like to know how good or bad your health is TODAY.

- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =



Section D This section assesses your preference for being involved in making treatment decisions.

20. I prefer to rely on my doctor's knowledge and not try to find out about my condition on my own.

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

21. I prefer that my doctor offers me options and asks my opinion.

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

22. I prefer to leave decisions about my medical care up to my doctor.

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree**Section E** The following statements are about your satisfaction with your treatment decision. For each statement, please indicate how much you agree or disagree.

23. I am adequately informed about the issues important to my treatment decisions.

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

24. The treatment decision was the best possible decision for me.

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

25. I am satisfied that the decision was consistent with my personal values.

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

26. I expect to successfully continue to carry out the decision.

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

27. I am satisfied that this decision was mine to make.

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

28. I am satisfied with the decision.

☐ Strongly disagree ☐ Disagree ☐ Neutral ☐ Agree ☐ Strongly agree

Section F The following statements are related to the decision-making in your consultation. For each statement, please indicate how much you agree or disagree.

29. My doctor made clear that a decision needs to be made.					
<input type="checkbox"/> Completely disagree	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Completely agree
30. My doctor wanted to know exactly how I want to be involved in making the decision.					
<input type="checkbox"/> Completely disagree	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Completely agree
31. My doctor told me that there are different options for treating my medical condition.					
<input type="checkbox"/> Completely disagree	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Completely agree
32. My doctor precisely explained the advantages and disadvantages of the treatment options.					
<input type="checkbox"/> Completely disagree	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Completely agree
33. My doctor helped me understand all the information.					
<input type="checkbox"/> Completely disagree	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Completely agree
34. My doctor asked me which treatment option I prefer.					
<input type="checkbox"/> Completely disagree	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Completely agree
35. My doctor and I thoroughly weighed the different treatment options.					
<input type="checkbox"/> Completely disagree	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Completely agree
36. My doctor and I selected a treatment option together.					
<input type="checkbox"/> Completely disagree	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Completely agree
37. My doctor and I reached an agreement on how to proceed.					
<input type="checkbox"/> Completely disagree	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Completely agree

THANK YOU!