

Study ID Number for appointment: _____

CLINICIAN POST-APPOINTMENT QUESTIONNAIRE

A Study of Shared Decision-Making in Neurology Clinics

1. Was this a first or a follow up appointment? (please circle one)

First

Follow-up

2. To what extent are this patient's symptoms explained by a medical/neurological disorder (please tick appropriate box)?

Completely / largely explained	Partly explained, partly unexplained	Completely / largely unexplained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What is the most likely diagnosis for this patient?

4. How certain are you of this diagnosis? *Please rate out of 10 by circling the appropriate number.*

(very uncertain) 1 2 3 4 5 6 7 8 9 10 (very certain)

5. If you are considering alternative diagnoses what are these?

6. Did you give the patient a choice about treatment or further management?

YES NO

7. Did you think there was a best course of action for this patient?

YES NO

8. If so, what was the best course of action in your opinion?

9. What (if any) course of action do you think the patient wanted?
