

Shared decision-making questionnaire on daily living care

●Please describe the purpose of discussion about care with the recipients of care.

(Ex: independent elimination, wishes to receive care at home, oral intake of solids, positioning support, and so on)

●What kind of care was decided for the patient?

(Ex: rehabilitation for transfer to the bathroom on outpatient basis, pain control, swallowing rehabilitation, use of cushions, and so on)

Discussion on the care objectives

Please select the option that corresponds best with a ☒ for the nine items below.

1. I clearly stated to the recipient of care that decision-making related to care is needed.					
completely disagree	strongly disagree	somewhat disagree	somewhat agree	strongly agree	completely agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. I strove to know how the recipients of care wanted to be involved in decision-making.					
completely disagree	strongly disagree	somewhat disagree	somewhat agree	strongly agree	completely agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. I told the recipients of care of the varying care options available.					
completely disagree	strongly disagree	somewhat disagree	somewhat agree	strongly agree	completely agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. I clearly explained the recipients of care about the advantages and disadvantages of the various options.					
completely disagree	strongly disagree	somewhat disagree	somewhat agree	strongly agree	completely agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. I provided thorough support so that the recipients of care can understand the information I explained.					
completely disagree	strongly disagree	somewhat disagree	somewhat agree	strongly agree	completely agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Supplementary file 1
English translation of SDM-C-Japanese (care stuff)

6. I asked the recipients of care about which options they preferred.					
completely disagree	strongly disagree	somewhat disagree	somewhat agree	strongly agree	completely agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. The recipients of care and I compared and thoroughly considered the various care options.					
completely disagree	strongly disagree	somewhat disagree	somewhat agree	strongly agree	completely agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. The recipients of care and I selected the care options together.					
completely disagree	strongly disagree	somewhat disagree	somewhat agree	strongly agree	completely agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. The recipients of care and I agreed on how to proceed with the care.					
completely disagree	strongly disagree	somewhat disagree	somewhat agree	strongly agree	completely agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This is the end of the questionnaire. Thank you very much for your participation.

Please send inquiries related to this questionnaire to the contact details below:

Secretariat of the Department of Home Care and Regional Liaison Promotion, National Center for Geriatrics and Gerontology



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Adaptation of the original “9-item Shared Decision Making Questionnaire (SDM-Q-9)”
Authorised by Martin Härter & Isabelle Scholl (University Medical Center Hamburg-Eppendorf, Germany).