Clinical Decision Making Style – Staff Questionnaire (CDMS-S)

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/ agree	Slightly agree	Strongly agree	
1. Important treatment decisions should be made solely by the treating clinician.	☐	☐	☐	☐	☐	[CDMSS01]
2. Service users should comply with the clinician's advice even if they are of a different opinion	☐	☐	☐	☐	☐	[CDMSS02]
3. Decisions concerning treatment in the clinic should be made solely by the hospital staff.	☐	☐	☐	☐	☐	[CDMSS03]
4. Service users should make their own decisions concerning every day problems related to their illness.	☐	☐	☐	☐	☐	[CDMSS04]
5. Clinicians who are treating service users should take more control when an illness gets worse.	☐	☐	☐	☐	☐	[CDMSS05]
6. The service user should decide how often they should see the clinician.	☐	☐	☐	☐	☐	[CDMSS06]

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 the service user is on the road to recovery after a phase of acute illness. Now he/she wants to return to work.

Who should make the following decisions?

	Service user	Mainly service user	Jointly with service user	Mainly me	Me	
7. If the service user can return to work.	☐	☐	☐	☐	☐	[CDMSS07]
8. What type of occupation would be suitable (e.g. less demanding or the same as before)?	☐	☐	☐	☐	☐	[CDMSS08]
9. How much should the service user work (e.g. part-time or full-time)?	☐	☐	☐	☐	☐	[CDMSS09]

Case example 2: The service user experiences unusually severe side-effects as a result of their medication.

Who should make the following decisions?

		Service user	Mainly service user	Jointly with service user	Mainly me	Me	
10.	If the service user should see a doctor.	☐	☐	☐	☐	☐	[CDMSS10]
11.	If the dosage of medication should be changed.	☐	☐	☐	☐	☐	[CDMSS11]
12.	If another medication should be prescribed.	☐	☐	☐	☐	☐	[CDMSS12]

Case example 3: You believe that your service user should take psychotropic medication to treat his/her mental health problems.

Who should make the following decisions?

		Service user	Mainly service user	Jointly with service user	Mainly me	Me	
13.	If medication should be used at all.	☐	☐	☐	☐	☐	[CDMSS13]
14.	In what form the drugs should be taken (e.g. depot, tablets)	☐	☐	☐	☐	☐	[CDMSS14]
15.	How long to take the drugs for.	☐	☐	☐	☐	☐	[CDMSS15]

C. **The following questions relate to the service user's need for information. Please indicate how much you agree with each statement.**

		Strongly disagree	Slightly disagree	Neither disagree or agree	Slightly agree	Strongly agree	
16.	The worse the illness becomes, the more he/she should be informed about the facts.	☐	☐	☐	☐	☐	[CDMSS16]
17.	He/she should know exactly what is going to happen regarding his/her illness.	☐	☐	☐	☐	☐	[CDMSS17]
18.	The clinician should always explain to the service user the purpose of examinations.	☐	☐	☐	☐	☐	[CDMSS18]
19.	Service users should only receive information when they ask for it.	☐	☐	☐	☐	☐	[CDMSS19]
20.	The service user should be informed of all side-effects of his/her treatment.	☐	☐	☐	☐	☐	[CDMSS20]
21.	If various treatment methods are possible then the service user should be informed about them.	☐	☐	☐	☐	☐	[CDMSS21]

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-S is completed by the clinician. 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 clinician for active service user participation 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 clinician for providing information to the service user.