

Shared Decision-Making Survey

Participant Information

1. Are you of Hispanic or Latino origin?
☐ Yes, Hispanic or Latino
☐ No, not Hispanic or Latino
2. How would you best describe your racial background? Check as many as apply:
☐ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander
☐ Other: _____
3. Which type of health insurance do you have?
☐ Medicare
☐ Medi-Cal
☐ Private insurance: _____
☐ Self-Pay
4. What is your age? _____
5. What is your sex?
☐ Male
☐ Female
6. What is the highest grade or level of school you have completed?
☐ Eighth grade or less
☐ Some high school
☐ High school graduate or General Educational Development certificate
☐ Some college
☐ Four-year college graduate
☐ Postgraduate degree
7. Are you currently working?
☐ Yes
☐ No
☐ If no, are you:
☐ Unemployed
☐ Retired
☐ Disabled
☐ If no, is this related to your hip or knee problem:
☐ Yes
☐ No

Pre-Consultation Survey

On a scale from 0 to 10 points, with 0 being lowest confidence and 10 being highest confidence, please mark the box that indicates your level of confidence with respect to the following statement:

1. I know what questions to ask my doctor.

Lowest										Highest	
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. Who do you think should make the decisions about how to manage your hip pain? Please mark the box that best matches how you feel.

- ☐ I prefer to make the decision about which treatment I will receive.
☐ I prefer to make the final decision about my treatment after seriously considering my doctor's opinion.
☐ I prefer that my doctor and I share responsibility for deciding which treatment is best for me.
☐ I prefer that my doctor makes the final decision about which treatment will be used, but seriously considers my opinion.
☐ I prefer to leave all decisions regarding treatment to my doctor.

Please mark on a scale from 0 to 10 points, where 10 is extremely important and 0 is not at all important, how important each of the following is to you for your decision about whether or not to have surgery.

How important is it to you to...

		Not at all important to me				Somewhat important to me				Extremely important to me			
		0	1	2	3	4	5	6	7	8	9	10	
3.	relieve your hip pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	not be limited in what you can do because of your hip pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	avoid having hip surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	avoid taking prescription medicine for your hip pain?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	avoid treatment with a long recovery time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. Which treatment do you want to undergo to treat your hip osteoarthritis?

- ☐ Hip replacement surgery
☐ Non-surgical options
☐ I am not sure

9. How far along are you with this decision?

- ☐ Not yet thought about all of the options
☐ Considering the different options
☐ Close to choosing an option
☐ Have already chosen an option

10. Which of the following is the most important issue for you in your decision about surgery for your hip? Please pick one.

- ☐ Relieve hip pain.
☐ Not be limited in what I can do.
☐ Avoid having surgery.
☐ Avoid taking prescription medicine.
☐ Avoid long recovery time of surgery.

There are many things people can do to treat hip pain. Please mark whether or not you have done this to treat hip osteoarthritis.

		Yes	No
11.	Exercise and staying active	<input type="checkbox"/>	<input type="checkbox"/>
12.	Pain medicine	<input type="checkbox"/>	<input type="checkbox"/>
13.	Cortisone shots into the hip	<input type="checkbox"/>	<input type="checkbox"/>
14.	Weight loss	<input type="checkbox"/>	<input type="checkbox"/>
15.	Acupuncture	<input type="checkbox"/>	<input type="checkbox"/>
16.	Glucosamine and/or chondroitin	<input type="checkbox"/>	<input type="checkbox"/>
17.	Other treatment (please write in):	<input type="checkbox"/>	<input type="checkbox"/>

18. Over time, without hip replacement surgery, what usually happens to hip pain?
☐ Gets better.
☐ Stays the same.
☐ Gets worse.
☐ I am not sure.
19. Which treatment is most likely to provide relief from hip pain caused by osteoarthritis?
☐ Surgery
☐ Non-surgical treatments
☐ Both are about the same.
☐ I am not sure.
20. After hip replacement surgery, about how many months does it take most people to get back to doing their usual activities?
☐ Less than two months
☐ Two to six months
☐ Seven to twelve months
☐ More than twelve months
☐ I am not sure
21. About how many people who have hip replacement surgery will need to have the same hip replaced again in less than twenty years?
☐ More than half
☐ About half
☐ Less than half
☐ I am not sure.

For these next questions, you may not know the exact number, but please take your best guess.

22. If 100 people have hip replacement surgery, about how many will have less hip pain when walking after the surgery?
☐ Twenty-five or fewer
☐ Twenty-six to fifty
☐ Fifty-one to seventy-five
☐ Seventy-six to 100
☐ I am not sure.
23. If 100 people have hip replacement surgery, about how many will die or will have a serious complication, such as a blood clot in the lungs or a serious joint infection, within the three months after surgery?
☐ One
☐ Five
☐ Fifteen
☐ Twenty-five
☐ I am not sure.

For each of the following, please mark whether or not it can help some people relieve hip pain.

24.	Exercise	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure.
25.	Physical therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure.
26.	Calcium pills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure.
27.	Over-the-counter pain medicine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure.

For each of the following, mark whether or not it is a possible complication of hip replacement surgery.

28.	High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure.
29.	Blood clot in the leg	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure.
30.	Migraine headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure.
31.	Infection of the artificial hip	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure.

For each of the following, mark whether or not it is a possible side effect of using over-the-counter pain medicine for a long time. These include medicines you can buy without a prescription like Advil, Aleve, or aspirin.

32.	Stomach ulcers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure.
33.	Blood clot in the leg	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure.
34.	Migraine headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure.
35.	Kidney problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure.
36.	Excessive bleeding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I am not sure.

37. We are often asked whether programs work differently for people of different incomes. Therefore, please indicate your gross (before taxes) household income last year.

- ☐ Less than \$50,000
- ☐ \$50,000 to \$100,000
- ☐ Over \$100,000

38. Please rate your satisfaction with the DVD and booklet you received:

Lowest										Highest
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. How much of the *Treatment Choices for Hip Osteoarthritis* DVD did you watch?

- ☐ None
- ☐ Some
- ☐ Most
- ☐ All

40. How much of the *Treatment Choices for Hip Osteoarthritis* booklet did you read?

- ☐ None
- ☐ Some
- ☐ Most
- ☐ All

41. Please rate your satisfaction with the question-listing service you received:

Lowest										Highest
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. What about the question-listing service or DVD and booklet did you find satisfactory or unsatisfactory?

Consultation Notes

Start time of ***entire patient visit***: _____

Start time of ***primary provider***: _____

End time of ***entire patient visit***: _____

End time of ***primary provider***: _____

1. Did the patient bring a written list of questions for the doctor?

- ☐ Yes
- ☐ No

2. Did the patient show the doctor the written list of questions?

- ☐ Yes
- ☐ No

3. Exactly how many questions for the physician were asked in this consultation? (Verbal and explicit questions are included. If the physician states the question for the patient, or reads the question silently or out loud from the question list and answers it, these questions could also count.)

_____ Questions

4. Were there any family members present?
- ☐ Family member
 - ☐ Caretaker
 - ☐ Friend
 - ☐ No one

Exactly how many questions did the family member or companion ask in this consultation?
_____ Questions

Information from the Intake Form:

Education Level: _____ Employment Status: _____

Post-Consultation Survey

1. Which treatment do you want to do to treat your hip osteoarthritis?
 - ☐ Hip surgery
 - ☐ Non-surgical treatment
 - ☐ I am not sure.
2. How far along are you with this decision?
 - ☐ Not yet thought about all of the options
 - ☐ Considering the different options
 - ☐ Close to choosing an option
 - ☐ Have already chosen an option
3. Did your surgeon explain that there are choices in what you could do to treat your hip osteoarthritis?
 - ☐ Yes
 - ☐ No
4. How much did you and your surgeon talk about the reasons to have hip replacement surgery?
 - ☐ A lot
 - ☐ Some
 - ☐ A little
 - ☐ Not at all
5. How much did you and your surgeon talk about the reasons **not** to have hip replacement?
 - ☐ A lot
 - ☐ Some
 - ☐ A little
 - ☐ Not at all
6. Did your surgeon talk about non-surgical treatments as something that you could seriously consider?
 - ☐ Yes
 - ☐ No
7. How much did you and your surgeon talk about how bothered you are about your hip pain?
 - ☐ A lot
 - ☐ Some
 - ☐ A little
 - ☐ Not at all

8. On a scale of 0 to 10 points, with 0 being the lowest satisfaction, and 10 being the highest satisfaction, how satisfied were you with this consultation?

Lowest										Highest
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Post-Consultation: Physician Survey

Patient: _____

Time of appointment: _____

1. On a scale from 0 to 10 points, with 0 being totally inappropriate and 10 being appropriate, how **appropriate** was the **content** of the patient's questions?

Lowest											Highest										
0	1	2	3	4	5	6	7	8	9	10											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

2. On a scale of 0 to 10 points, with 0 being totally inappropriate and 10 being appropriate, how **appropriate** was the **number** of the patient's questions?

the number of the patient's questions:										
Lowest										Highest
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. On a scale from 0 to 10 points, with 0 being lowest satisfaction, and 10 being highest satisfaction, how **satisfied** were you with the **efficiency** of this consultation?

Lowest											Highest										
0	1	2	3	4	5	6	7	8	9	10											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

4. On a scale from 0 to 10 points, with 0 being lowest satisfaction, and 10 being highest satisfaction, what was your **overall satisfaction** of this consultation?

Lowest											Highest										
0	1	2	3	4	5	6	7	8	9	10											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

5. Is the patient a candidate for surgery?

☐ Yes ☐ No

6. Comments:

Six-Week Follow-up Survey

- What treatment decision did you decide on?
 - ☐ Hip or knee surgery
 - ☐ Non-surgical treatment
 - ☐ I have not made a decision. (Please only answer questions 6, 7, and 12 through 19.)
- Have you already had your surgery?
 - ☐ Yes
 - ☐ No
 - ☐ Not applicable

3. Is your hip or knee surgery scheduled?

- ☐ Yes
☐ No
☐ Not applicable

4. If applicable, where is or where was your surgery?

5. If applicable, when is or when was your surgery?

6. On a scale of 1 to 10 points, how often did you participate in physical therapy IF PRESCRIBED?

	None of the time									All of the time	
N/A	0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. On a scale of 0 to 10 points, how often did you take your medication IF PRESCRIBED (on time without skipping doses) in the past six weeks?

	None of the time									All of the time	
N/A	0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please reflect on the treatment decision you made. Please show how strongly you agree or disagree with these statements by selecting the statement from strongly agree to strongly disagree which best fits your views about your decision.

8. It was the right decision.

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

9. I regret the choice that was made.

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

10. I would make the same choice if I had to do it over again.

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

11. The choice did me a lot of harm.

- ☐ Strongly agree
☐ Agree
☐ Neither agree nor disagree
☐ Disagree
☐ Strongly disagree

12. Did you receive a copy of the dictation from your recent consultation?

- ☐ Yes
☐ No (Go to question 16.)

13. Did you read it?

- ☐ Yes
☐ No (Go to question 16.)

14. How would you rate receiving a copy of the dictated note?

Not Helpful									Helpful	
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. What was helpful or unhelpful about the dictated note?

16. Did you receive a copy of the audio recording from your recent consultation?

- ☐ Yes
☐ No (Your survey is now complete. Thank you.)

17. Did you listen to it?

- ☐ Yes
☐ No (Your survey is now complete. Thank you.)

18. How would you rate receiving a copy of the audio recording?

Not Helpful									Helpful	
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. What was helpful or unhelpful about the audio recording?

Thank you for completing the survey.

TABLE E-1 Patient Demographic Characteristics

Demographic Characteristics	Control Group (N = 62)	Intervention Group (N = 61)	Total (N = 123)
Sex*			
Male	28 (45.2%)	28 (45.9%)	56 (45.5%)
Female	34 (54.8%)	33 (54.1%)	67 (54.5%)
Age (yr)			
Mean†	63.1 ± 10.5	63.8 ± 9.3	63.1 ± 10.5
Median‡	63 (19 to 85)	65 (43 to 65)	63 (19 to 85)
Ethnicity*			
Non-Hispanic	49 (79.0%)	41 (67.2%)	90 (73.2%)
Hispanic	2 (3.2%)	7 (11.5%)	9 (7.3%)
Unknown	11 (17.7%)	12 (19.7%)	23 (18.7%)
Blank	0 (0.0%)	1 (1.6%)	1 (0.8%)
Race*			
White	49 (79.0%)	41 (67.2%)	90 (73.2%)
Asian	4 (6.5%)	6 (9.8%)	10 (8.1%)
Black or African American	4 (6.5%)	2 (3.3%)	6 (4.9%)
American Indian or Alaska Native	1 (1.6%)	0 (0.0%)	1 (0.8%)
Native Hawaiian or Pacific Islander	0 (0.0%)	0 (0.0%)	0 (0.0%)
Other	1 (1.6%)	5 (8.2%)	6 (4.9%)
Unknown	3 (4.8%)	7 (11.5%)	10 (8.1%)
Insurance type*			
Medi-Cal	2 (3.2%)	2 (3.3%)	4 (3.3%)
Medicare	20 (32.3%)	26 (42.6%)	46 (37.4%)
Medicare and private insurance	0 (0.0%)	4 (6.6%)	4 (3.3%)
Private insurance	33 (53.2%)	22 (36.1%)	55 (44.7%)
Self-pay	0 (0.0%)	1 (1.6%)	1 (0.8%)
Missing information	7 (11.3%)	6 (9.8%)	13 (10.6%)
Education*			
Eighth grade or less	0 (0.0%)	0 (0.0%)	0 (0.0%)
Some high school	1 (1.6%)	3 (4.9%)	4 (3.3%)
High school graduate or General Educational Development recipient	6 (9.7%)	5 (8.2%)	11 (8.9%)
Some college	18 (29.0%)	20 (32.8%)	38 (30.9%)
Four-year college graduate	21 (33.9%)	12 (19.7%)	33 (26.8%)
Postgraduate degree	16 (25.8%)	21 (34.4%)	37 (30.1%)
Are you currently working?*			
Yes	32 (51.6%)	24 (39.3%)	56 (45.5%)
No	30 (48.4%)	37 (60.7%)	67 (54.5%)
If no, are you:*			
Unemployed	4 (6.5%)	5 (8.2%)	9 (7.3%)
Retired	21 (33.9%)	23 (37.7%)	44 (35.8%)
Disabled	4 (6.5%)	6 (9.8%)	10 (8.1%)
Missing information	1 (1.6%)	3 (4.9%)	4 (3.3%)
If not employed, is it related to a hip or knee problem?*			
Yes	6 (9.7%)	8 (13.1%)	14 (11.4%)
No	21 (33.9%)	25 (41.0%)	46 (37.4%)
Missing information	3 (4.8%)	0 (0.0%)	7 (5.7%)

TABLE E-1 (continued)			
Demographic Characteristics	Control Group (N = 62)	Intervention Group (N = 61)	Total (N = 123)
Income*			
Less than \$50,000	14 (22.6%)	22 (36.1%)	36 (29.3%)
\$50,000 to \$100,000	22 (35.5%)	15 (24.6%)	37 (30.1%)
More than \$100,000	23 (37.1%)	22 (36.1%)	45 (36.6%)
Missing information	3 (4.8%)	2 (3.3%)	5 (4.1%)
*The values are given as the number of patients, with the percentage in parentheses. †The values are given as the mean and the standard deviation. ‡The values are given as the median, with the range in parentheses.			

TABLE E-2 Comparison of Intervention and Control Groups on Secondary Outcomes

Outcome Measures	Control Group (N = 62)	Intervention Group (N = 61)	Total (N = 123)	P Value
Pre-consultation				
“I know what questions to ask my doctor”* (points)				0.0034†
Mean‡	6.7 ± 2.4	7.9 ± 2.1		
Median§	7.0 (0.0 to 10.0)	8.0 (0.0 to 10.0)		
“Which treatment do you want to do to treat your hip or knee osteoarthritis?”#				0.38**
I am not sure	28 (45.2%)	30 (49.2%)	58 (47.2%)	
Hip or knee replacement surgery	22 (35.5%)	21 (34.4%)	43 (35.0%)	
Non-surgical treatment	12 (19.4%)	10 (16.4%)	22 (17.9%)	
“How far along are you with this decision?”#††				0.06**
Have already chosen an option	10 (16.1%)	15 (25.0%)	25 (20.5%)	
Close to choosing an option	12 (19.4%)	16 (26.7%)	28 (23.0%)	
Considering the different options	24 (38.7%)	24 (40.0%)	48 (39.3%)	
Not yet thought about all of the options	16 (25.8%)	5 (8.3%)	21 (17.2%)	
Post-consultation				
“Which treatment do you want to do to treat your hip or knee osteoarthritis?”#††				0.48**
No surgery	19 (30.6%)	22 (36.7%)	41 (33.6%)	
Surgery	43 (69.4%)	38 (63.3%)	81 (66.4%)	
“How satisfied were you with this consultation?”‡§§ (points)				0.17**
Mean‡	9.2 ± 1.3	9.5 ± 0.9		
Median§	10.0 (3.0 to 10.0)	10.0 (6.0 to 10.0)		
(Surgeon) “How appropriate was the content of the patient’s questions?”§§ (points)				<0.0001†
Mean‡	4.9 ± 1.8	7.2 ± 1.7		
Median§	4.5 (2.0 to 10.0)	8.0 (3.0 to 10.0)		
(Surgeon) “How appropriate was the number of the patient’s questions?”§§ (points)				<0.0001†
Mean‡	4.7 ± 1.8	7.2 ± 2.2		
Median§	4.5 (1.0 to 8.0)	8.0 (2.0 to 10.0)		
(Surgeon) “How satisfied were you with the efficiency of this consultation?”§§ (points)				<0.0001†
Mean‡	5.5 ± 2.3	7.7 ± 1.9		
Median§	6.0 (2.0 to 10.0)	8.0 (3.0 to 10.0)		
(Surgeon) What was your overall satisfaction of this consultation?”§§ (points)				<0.0001†
Mean‡	5.1 ± 2.0	7.7 ± 1.8		
Median§	5.0 (1.0 to 9.0)	8.0 (2.0 to 10.0)		
Time of entire patient visit## (min)				0.38†
Mean‡	51.0 ± 21.1	53.5 ± 23.8		
Median§	45.0 (20.0 to 147.0)	50.0 (17.0 to 173.0)		
Time of surgeon visit*** (min)				0.91†
Mean‡	21.0 ± 7.2	20.9 ± 6.8		
Median§	20.0 (9.0 to 45.0)	20.0 (8.0 to 41.0)		

*These values were based upon sixty patients in the control group and sixty patients in the intervention group. †The p value was based on the Mann-Whitney test. ‡The values are given as the mean and the standard deviation. §The values are given as the median, with the range in parentheses. #The values are given as the number of patients, with the percentage in parentheses. **The p value was based on the chi-square test. ††These values were based on sixty-two patients in the control group, sixty patients in the intervention group, and 122 patients in the total group. ‡‡These values were based upon sixty-two patients in the control group and sixty patients in the intervention group. §§These values were determined on a scale of 1 to 10 points. ##These values were based on sixty-one patients in the control group and sixty patients in the intervention group. ***These values were based on sixty patients in the control group and fifty-nine patients in the intervention group.

TABLE E-3 Analysis If Primary Outcome (Informed Decision) Was Affected by Additional Potential Sources of Variability: Logistic Model of Primary Outcome

Source	Outcome*	Odds Ratio†	P Value
Group‡			0.0047
Control (n = 60)	20 (33.3%)	1.000	
Intervention (n = 60)	35 (58.3%)	3.001	
Stage of decision making§			
Have already chosen an option (n = 25)	15 (60.0%)	1.000 (0.342 to 3.300)	0.92
Close to choosing an option (n = 28)	17 (60.7%)	1.061 (0.162 to 1.252)	0.13
Considering the different options (n = 46)	18 (39.1%)	0.451 (0.077 to 1.099)	0.069
Not yet thought about all of the options (n = 20)	5 (25.0%)	0.291 (0.342 to 3.300)	0.92
Treatment decision			0.047
Non-surgical options (n = 26)	9 (34.6%)	1.000	
Knee replacement surgery (n = 49)	26 (53.1%)	2.938 (1.014 to 8.500)	
No surgery (n = 15)	0 (0.0%)	0 (0 to 0)	0.00
Hip replacement surgery (n = 30)	20 (66.7%)	3.960 (1.241 to 12.600)	0.020

*The values are given as the number of patients, with the percentage in parentheses. †The values are given as the odds ratio, with the 95% confidence interval (CI) in parentheses. ‡The 95% CI for the two groups was 1.402 to 6.400. §Only 119 patients responded to this question.