Patient Study ID: Study ID:

Shared Decision Making in Parents of Children with Head Trauma **Clinician Survey**



1. In the clinical encounter where the decision was made with the parent(s) (check one box):

- $1 \square$ I made the decision on my own.
- 2 I made the decision after seriously considering the parent's opinion.
- ³ \square The parent(s) and I shared the responsibility for making the decision after considering both of our opinions.
- 4 \square The parent(s) made the decision after seriously considering my opinion.
- 5 The parent(s) made the decision on his/her/their own.

2. You gave information about pediatric head trauma, the child's risk for traumatic brain injury (TBI) in need of acute intervention (neurosurgical intervention, elevation of depressed skull fracture, intubation for TBI > 24hrs, or hospitalization for TBI 2 nights or more), and their diagnostic options during this visit. How *helpful* do you think this information was to the parent(s)?

Not helpful			Somewhat			Extremely
at all			helpful			helpful
1	2	3	4	5	6	7

3. Would you want to present information about other diagnostic choices in the same way that you presented information about pediatric Head CT during this visit?

Yes, for			Not				No, not
sure			sure				at all
1	2	3	4	5	6	7	

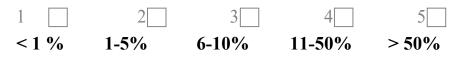
4. Would you *recommend* to other providers the way that you presented information on pediatric head trauma, the child's risk for TBI in need of acute intervention (neurosurgical intervention, elevation of depressed skull fracture, intubation for TBI> 24hrs, hospitalization for TBI 2 nights or more), and their diagnostic options during this visit?

Yes, I would strongly			Not sure whether to			No, I would strongly
recommend			recommend			recommend
it			it or not			against it
1	2	3	4	5	6	7

5. Thinking about the conversation you had with the parents, the child's risk for TBI in need of acute intervention, and their diagnostic options during this visit, please place an "X" inside the box that best describes your agreement with the following statements.

	Str agı	rongly ree Agree		gree	Neither agree nor disagree		Disagree		Strongly disagree	
a. I feel the parent(s) has/have made a choice informed by the information we discussed	1		2		3		4		5	
b. The parent's decision shows what is important to him/her	1		2		3		4		5	
c. I expect the parent(s) to stick with his/her decision	1		2		3		4		5	
d. I think the parent is satisfied with his/her decision	1		2		3		4		5	

6. What is the level of suspicion for the presence of TBI, regardless of whether a CT is being ordered or obtained (intracranial hematoma, cerebral contusion, cerebral edema or depressed skull fracture; excludes isolated linear skull fracture)?



7. What is the level of suspicion of TBI in need of acute intervention, regardless of whether a CT is being ordered or obtained (neurosurgical intervention, elevation of depressed skull fracture, intubation for TBI > 24hrs, hospitalization for TBI 2 nights or more)?

 1
 2
 3
 4
 5

 < 1 %</td>
 1-5%
 6-10%
 11-50%
 > 50%

8. If a head CT was obtained, <u>rank the top three</u> indications that were most important in influencing your decision to obtain a head CT for this child:

1	Young age
2	Seizure
3	Clinical evidence of skull fracture
4	Skull fracture on x-ray
5	Mechanism
6	Headache
7	Scalp hematoma
8	Trauma team request
9	
10	Vomiting
11	Neurological deficit (other than mental status)
12	Referring MD request
13	Amnesia
14	Decreased mental status
15	Parental anxiety / request
16	Other (describe):

Thank you for completing the survey and participation in the trial. Please return the survey to the study coordinator.