

Tell us about yourself

17. **Female** **Male**

18. Age: _____ years old

19. Education level:

- 8th grade or less
- Some high school
- Graduated high school or GED
- Some college or technical school
- Graduated from college
- Postgraduate school or degree

Video Feedback

20. How would you rate the length of the video?

- Should be much shorter
- Should be a little shorter
- About right
- Could be a little longer
- Could be much longer

21. How balanced was the video's information about surgery versus non-surgical treatment for spinal stenosis?

- Clearly slanted towards surgery
- A little slanted towards surgery
- Completely balanced
- A little slanted towards non-surgical treatment
- Clearly slanted towards non-surgical treatment

22. Overall, how would you rate the video?

- Poor
- Fair
- Good
- Very good
- Excellent

23. Please write comments about the video or booklet here:




SPINAL STENOSIS:

Personal Decision Form

There are several different ways to treat spinal stenosis. Each has possible benefits and risks. This form and video, together with your healthcare team, will help you make the decision that is best for you.

Please return this form with the video.

Your answers will tell us three important things:

Knowledge	
	How well we are doing our job of giving you information?
Values	
	What matters most to you?
Making Choices	
	How far along you are in decision making and what else you may need?

BEFORE WATCHING THE VIDEO, PLEASE ANSWER QUESTION 1 – 2

1. Have you talked with a healthcare provider about this decision?
 Yes
 No
2. At this time, which treatment option are you leaning toward?
 Non-surgical treatment
 Surgery
 I am not sure

NOW, PLEASE WATCH THE VIDEO

Knowledge



AFTER WATCHING THE VIDEO,
please check **one answer for each question.**

3. Which of the following approaches to treating spinal stenosis offers the best chance of improving your symptoms in the long run?

- Surgery
- Non-surgical management
- Both are about the same
- I am not sure

4. Over time, what usually happens to back pain from spinal stenosis?

- Tends to get worse
- Tends to stay about the same
- Tends to get better
- Very hard to predict—some get worse, some get better, and some stay about the same
- I am not sure

5. Which of the following approaches to treating spinal stenosis offers the best chance of improving your current symptoms quickly?

- Surgery
- Non-surgical management
- Both are about the same
- I am not sure

6. Do you have any questions? Please list them here:

Values



On a scale from 1 to 10, where
1 is not at all important and 10 is very important:

How important is it to you . . .

	Not at all important										Very important									
7. to relieve your pain quickly?	<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"/>	<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. to avoid 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"/>	<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"/>
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9. to return to your usual activities?	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. Are there any other values that are important for you for this decision? Please list them here:



Making Choices

11. At this time, which treatment option are you leaning toward?

- Non-surgical treatment
- Surgery
- I am not sure

12. Do you feel sure about the best choice for you?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

13. Do you know the benefits and risks of each option?

<input type="checkbox"/>	<input type="checkbox"/>
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14. Are you clear which benefits and risks matter most to you?

<input type="checkbox"/>	<input type="checkbox"/>
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15. Do you have enough support and advice to make a choice?

<input type="checkbox"/>	<input type="checkbox"/>
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16. What do you plan to do next?

- Get the treatment I chose
- Get more information
- Talk now with a member of my healthcare team
- At my next visit, talk with my healthcare provider
- Other _____