**Supplemental Items for the CAHPS® Cancer Care Survey**

**Topic: Shared Decision Making**

**Population Version: Adult**

**Language: English**

Users of the [CAHPS® Cancer Care Survey](https://www.ahrq.gov/cahps/surveys-guidance/cancer/index.html) are free to incorporate supplemental items in order to meet the needs of their organizations, local markets, and/or audiences. These supplemental items can be inserted into any of the three versions of the Cancer Care Survey. To make the wording of the items consistent with the core items, please replace the bracketed references to [CANCER TREATMENT MODALITY] with the appropriate term: radiation therapy, drug therapy, or cancer surgery.

Please note: Some items cover events that occur with low frequency in the general population. You should include them only if your sample design is likely to yield a sufficient number of responses to those questions for statistical analysis and reporting.

| **Questions** | **Placement and Other Instructions** |
| --- | --- |
| **N-SDM1.** Since your cancer was diagnosed, did a doctor or other health care professional at this cancer center talk with you about more than one way to treat your cancer? 1[ ]  Yes2**[ ]**  No **→ If No, go to SDM5** | After core question 6  |
| **N-SDM2.** Since your cancer was diagnosed, did a doctor or other health care professional at this cancer center clearly explain the advantages of each choice for cancer treatment, including the treatments you did not get? 1**[ ]**  Yes, definitely2**[ ]**  Yes, somewhat3**[ ]**  No | After N-SDM1 |
| **N-SDM3.** Since your cancer was diagnosed, did a doctor or other health care professional at this cancer center clearly explain the **disadvantages** of each choice for cancer treatment, including the treatments you did not get? 1**[ ]**  Yes, definitely2**[ ]**  Yes, somewhat3**[ ]**  No | After N-SDM2 |
| **N-SDM4.** Since your cancer was diagnosed, did a doctor or other health care professional at this cancer center ask for your opinion about each choice of cancer treatment, including the treatments you did not get? 1**[ ]**  Yes, definitely2**[ ]**  Yes, somewhat3**[ ]**  No | After N-SDM3 |
| **N-SDM5.** Since your cancer was diagnosed, did a doctor or other health care professional at this cancer center talk with you about the reasons you might **want** to have [CANCER TREATMENT MODALITY]? 1**[ ]**  Yes, definitely2**[ ]**  Yes, somewhat3**[ ]**  No | After N-SDM4 |
| **N-SDM6.** Since your cancer was diagnosed, did a doctor or other health care professional at this cancer center talk with you about the reasons you might **not want** to have [CANCER TREATMENT MODALITY]?1**[ ]**  Yes, definitely2**[ ]**  Yes, somewhat3**[ ]**  No | After N-SDM5 |
| **N-SDM7.** Since your cancer was diagnosed, when you talked about having [CANCER TREATMENT MODALITY], did a doctor or other health care professional at this cancer center ask you what you thought was best for you?1**[ ]**  Yes, definitely2**[ ]**  Yes, somewhat3**[ ]**  No | After N-SDM6 |
| **N-SDM8.** Since your cancer was diagnosed, did a doctor or other health professional at this cancer center involve you in decisions about your cancer treatment as much as you wanted?1**[ ]**  Yes, definitely2**[ ]**  Yes, somewhat3**[ ]**  No | After N-SDM7 |