

Client ID # _____

Date of Administration: _____

SHARED DECISION MAKING

CLIENT SELF-ADMINISTERED

CollaboRATE [OPTIONAL]

Think about your experience in this program. Select one response for each question.

1. How much effort was made to help you understand your mental health concerns?

- No effort was made
- A little effort was made
- Some effort was made
- A lot of effort was made
- Every effort was made

2. How much effort was made to listen to the things that matter most to you about your mental health concerns?

- No effort was made
- A little effort was made
- Some effort was made
- A lot of effort was made
- Every effort was made

3. How much effort was made to include what matters most to you in choosing what to do next?

- No effort was made
- A little effort was made
- Some effort was made
- A lot of effort was made
- Every effort was made