

## X. Appendix

### B. Shared Decision Making (SDM) and Other Tools

#### Preparing to Talk about Symptoms

We can't always get all the time we want with our doctor, therapist or other team members. Use this form to help prepare for the things you want to discuss with your team.

**STEP 1:** *What is a symptom? Symptoms are things like extreme worries or fears, or intrusive thoughts. Most often symptoms are indicators that something in our life needs tending to. Symptoms are like a red flag that grab our attention and call us to action. Perhaps we need to avoid certain situations. Perhaps we need to improve our self-care. Perhaps we need to have a good cry, deal with some anger or get extra help from our team.*

Describe the experience or symptom that is bothering you or feels the most important to talk about with team members. \_\_\_\_\_

**STEP 2:** Fill in the chart below:

Does the issue/symptom you wrote above, affect:	Yes	No	Not Sure	Not Applicable
My relationships or friendships? How?				
My ability to work? How?				
My ability to live where I want to live? How?				
My ability to take care of myself? How?				
My ability to do the things I enjoy in life? How?				
My ability to fulfill my responsibilities to my family? How?				
My ability to be the person I want to be in life? How?				
My self-esteem? How?				
My health? How?				
My safety or the safety of others? How?				
Other things not listed above? How?				

**STEP 3:** Is the symptom you described above one you can put up with for a while or do you want to try to do something about it? (*check one*)

- YES, I want to do something about it.
- NO, I can live with this symptom.
- I can live with this symptom but others around me find it disruptive so I feel I have to do something about it.
- I don't know. I want to explore my options.
- I can live with this symptom; and even though others find it too disturbing, I do not want help to change or eliminate this symptom at this time. The consequences of my choice may be (*use the section below*):

What might happen if I choose to do nothing for a while? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STEP 4:** Has anything *other than medication* ever helped in the past with this issue/symptom?  
Examples might be exercise, therapy, staying busy, talking to a friend, lifting weights or cutting down on coffee.

Things other than medication that have helped: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STEP 5:** In the past, have any medications helped you with this issue/symptom?  YES  NO  
If you answered "YES", what is the name of the medication and how was it helpful? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STEP 6:** Are there any stressful life situations that are happening now that might be contributing to your symptoms getting worse or your feelings being intensified?

Stressful situations in my life now: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This is important work. Consider sharing this form with your doctor or other team members. It will help you collaborate with your team to make the best treatment decisions for your recovery.*