

**Appendix 3 (as supplied by the authors): Physician Assessment Form for IGAP RCT**

**DATE:**

**PATIENT NAME AND ID:**

**PHYSICIAN NAME:**

**DECISIONAL CONFLICT ANALYSIS**

As it relates to your patient’s preference for medical treatment when they are seriously ill, I want to ask you some questions about your assessment of how much conflict the patient has related to this decision. Please answer the following questions.

	<b>Yes</b>	<b>Probably Yes</b>	<b>Unsure</b>	<b>Probably No</b>	<b>No</b>
<b>Does your patient know the benefits and risks of each option?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is the patient clear about which benefits and risks matter most to them?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does the patient have enough support and advice from their family to make a choice?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does the patient have enough support and information from the medical team/primary care team to make a choice?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does the patient feel SURE about the best choice for them?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SATISFACTION QUESTION**

- How satisfied were you with the outcome of these discussions?

<b>Completely dissatisfied</b> 1	<b>Somewhat dissatisfied</b> 2	<b>Neither satisfied nor dissatisfied</b> 3	<b>Somewhat satisfied</b> 4	<b>Completely satisfied</b> 5
-------------------------------------	-----------------------------------	--	--------------------------------	----------------------------------

**FINAL GCD (as recorded on the official document):**

R1   R2   R3   M1   M2   C1   C2   C3

Time spent with patient finalizing the Goals of Care (mins):