

Patient Depression Information Priorities

What Matters Most? Information Priorities for Treatment of Depression

Depression is the most common mental health disorder among Americans, and recognition and treatment are increasing. This survey seeks to identify patient information priorities in the treatment of depression. Dr. Paul Barr of The Dartmouth Center for Health Care Delivery Science at Dartmouth College, Hanover, NH is conducting this research project. Your participation is voluntary. We are inviting adults who have been treated for depression, live in the U.S., and are comfortable reading and writing in English to participate. Participation involves completion of an anonymous online survey that should take about 10 minutes. The information collected will be maintained anonymously. No names or other identifying information will be collected. There are no right or wrong answers. You may choose not to answer any or all of the questions. Completing this study might cause you to think about past experiences that could cause concern or discomfort. Should you wish to talk to someone, please contact your mental health care provider, primary care physician, National Suicide Prevention Lifeline at 1-800-273-8255, or call 911. The information you provide can help improve treatment decisions for patients in the future. Questions about this project may be directed to: Dr. Paul Barr, Assistant Professor, The Dartmouth Institute of Health Policy and Clinical Practice, The Dartmouth Center for Health Care Delivery Science, Hanover, NH 03755 Tel: 603-646-2578 | Email: paul.j.barr@dartmouth.edu. Please click on the green arrow button to continue.

Thank you for your interest in this survey. Please take a few moments to answer the following questions.

How old are you (in years)?

Are you comfortable reading and writing in English?

- Yes
- No

Do you speak a language other than English at home?

- Yes (please specify below) _____
- No

Where in the United States do you live?

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina

- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Other US territory
- I live outside the US

Are you currently being treated or awaiting treatment for depression?

- Yes, currently being treated
- Yes, awaiting treatment
- No

Answer If Are you currently being treated or awaiting treatment for depression? No Is Selected

Have you been treated for depression in your lifetime?

- Yes
- No

What is your gender?

- Male
- Female
- Other

Which treatment(s) for depression are you currently using or used in the past? Please select all that apply.

- Antidepressant medication
- Talk therapy (e.g., Cognitive Behavioral Therapy (CBT), Interpersonal Therapy, Problem-solving Therapy)
- Alternative therapy
- Lifestyle changes
- Electroconvulsive therapy
- Deep-brain stimulation
- I am still awaiting treatment

Please select any treatments that you would like to learn more about or would be interested in trying.

- Antidepressant medication
- Talk therapy (e.g., Cognitive Behavioral Therapy (CBT), Interpersonal Therapy, Problem-solving Therapy)
- Alternative therapy
- Lifestyle changes
- Electroconvulsive therapy
- Deep-brain stimulation
- Other (please list below) _____

With which type of health care provider have you most frequently talked about depression?

- Primary care doctor
- Psychiatrist
- Psychologist
- Social worker
- Not sure
- Other (please specify below) _____

Do you have any other mental health conditions? Please select any that apply.

- Anxiety disorder
- Post-traumatic stress disorder
- Obsessive-compulsive disorder
- Attention deficit hyperactivity disorder
- Intermittent explosive disorder
- Substance (alcohol and drug) use disorders
- Other (please specify) _____
- I do not have any other mental health conditions

Do you have any other long term health conditions?

- Yes (please list below) _____
- No

We want to know what matters most to you when choosing a treatment for depression. Please click the green arrow button below to continue.

How important is each of these questions to you when choosing a treatment for depression?

How does this treatment work?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

Who provides this treatment?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

How long before I feel better?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

Will this treatment work?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

How important is each of these questions to you when choosing a treatment for depression?

Can I drink alcohol while using this treatment?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

Can I take recreational drugs with this treatment?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

How easy is it to keep this treatment private?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

Will this treatment affect my daily routine?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

How important is each of these questions to you when choosing a treatment for depression?

Will this treatment change my personality?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

Is this treatment addictive?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

Will this treatment affect other existing health conditions?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

Answer If What is your gender? Male Is Not Selected

Can I have this treatment if I'm pregnant?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

What are the side effects of this treatment?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

How important is each of these questions to you when choosing a treatment for depression?

How long will I need to be treated?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

What is involved in using this treatment?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

What is involved in stopping this treatment?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

How quickly can this treatment commence?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

How important is each of these questions to you when choosing a treatment for depression?

How much does this treatment cost?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

Is this treatment usually covered by insurance?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

Can I use alternative treatments?

- Extremely Unimportant
- Unimportant
- Neutral
- Important
- Extremely Important
- Don't know what this means

Are there other important treatment decision questions that we did not touch upon? If so, please check the box and specify below.

Question 1 _____

Question 2 _____

Answer If How does this treatment work? Extremely Important Is Selected Or How does this treatment work? Important Is Selected Or Who provides this treatment? Extremely Important Is Selected Or Who provides this treatment? Important Is Selected Or How long before I feel better? Extremely Important Is Selected Or How long before I feel better? Important Is Selected Or Will this treatment work? Extremely Important Is Selected Or Will this treatment work? Important Is Selected Or Can I drink alcohol while using this treatment? Extremely Important Is Selected And Can I drink alcohol while using this treatment? Important Is Selected Or Can I take recreational drugs with this treatment? Extremely Important Is Selected Or Can I take recreational drugs with this treatment? Important Is Selected Or How easy is it to keep this treatment private? Extremely Important Is Selected Or How easy is it to keep this treatment private? Important Is Selected Or Will this treatment affect my daily routine? Extremely Important Is Selected Or Will this treatment affect my daily routine? Important Is Selected Or Will this treatment change my personality? Extremely Important Is Selected Or Will this treatment change my personality? Important Is Selected Or Is this treatment addictive? Extremely Important Is Selected Or Is this treatment addictive? Important Is Selected Or Will this treatment affect other existing health conditions? Extremely Important Is Selected Or Will this treatment affect other existing health conditions? Important Is Selected Or Can I have this treatment if I'm pregnant? Extremely Important Is Selected Or Can I have this treatment if I'm pregnant? Important Is Selected Or What are the side effects of this treatment? Extremely Important Is Selected Or What are the side effects of this treatment? Important Is Selected Or How long will I need to be treated? Extremely Important Is Selected Or How long will I need to be treated? Important Is Selected Or What is involved in using this treatment? Extremely Important Is Selected Or What is involved in using this treatment? Important Is Selected Or What is involved in stopping this treatment? Extremely Important Is Selected Or What is involved in stopping this treatment? Important Is Selected Or How quickly can this treatment commence? Extremely Important Is Selected Or How quickly can this treatment commence? Important Is Selected Or How much does this treatment cost? Extremely Important Is Selected Or How much does this treatment cost? Important Is Selected Or Is this treatment usually covered by insurance? Extremely Important Is Selected Or Is this treatment usually covered by insurance? Important Is Selected Or Can I use alternative treatments? Extremely Important Is Selected Or Can I use alternative treatments? Important Is Selected

Thank you for answering. Below are the questions which you rated "important" or "extremely important" when considering treatment for depression. Please rank only your TOP FIVE questions in order of most to least important by dragging the most important question to position 1, the second most important question to position 2, and so on. The order of any remaining questions can be disregarded.

If How does this treatment work? Extremely Important Is Selected Or How does this treatment work? Important Is Selected

_____ How does this treatment work?

If Who provides this treatment? Extremely Important Is Selected Or Who provides this treatment? Important Is Selected

_____ Who provides this this treatment?

If How long before I feel better? Extremely Important Is Selected Or How long before I feel better? Important Is Selected

_____ How long before I feel better?

If Will this treatment work? Extremely Important Is Selected Or Will this treatment work? Important Is Selected

_____ Will this treatment work?

If Can I drink alcohol while using this treatment? Extremely Important Is Selected Or Can I drink alcohol while using this treatment? Important Is Selected

_____ Can I drink alcohol with this treatment?

If Can I take recreational drugs with this treatment? Extremely Important Is Selected Or Can I take recreational drugs with this treatment? Important Is Selected

_____ Can I take recreational drugs with this treatment?

If How easy is it to keep this treatment private? Extremely Important Is Selected Or How easy is it to keep this treatment private? Important Is Selected

_____ How easy is it to keep this treatment private?

If Will this treatment affect my daily routine? Extremely Important Is Selected Or Will this treatment affect my daily routine? Important Is Selected

_____ Will this treatment affect my work/daily routine?

If Will this treatment change my personality? Extremely Important Is Selected Or Will this treatment change my personality? Important Is Selected

_____ Will this treatment change my personality?

If Is this treatment addictive? Extremely Important Is Selected Or Is this treatment addictive? Important Is Selected

_____ Is this treatment addictive?

If Will this treatment affect other existing health conditions? Extremely Important Is Selected Or Will this treatment affect other existing health conditions? Important Is Selected

_____ Will this treatment affect other existing health conditions?

If Can I have this treatment if I'm pregnant? Extremely Important Is Selected Or Can I have this treatment if I'm pregnant? Important Is Selected

_____ Can I have this treatment if I am pregnant?

If What are the side effects of this treatment? Extremely Important Is Selected Or What are the side effects of this treatment? Important Is Selected

_____ What are the side effects of this treatment?

If How much does this treatment cost? Extremely Important Is Selected Or How much does this treatment cost? Important Is Selected

_____ How much does this treatment cost?

If Is this treatment usually covered by insurance? Extremely Important Is Selected Or Is this treatment usually covered by insurance? Important Is Selected

_____ Is this treatment usually covered by insurance?

If Can I use alternative treatments? Extremely Important Is Selected Or Can I use alternative treatments? Important Is Selected

_____ Can I use alternative treatments?

If How long will I need to be treated? Extremely Important Is Selected Or How long will I need to be treated? Important Is Selected

_____ How long will I need to be treated?

If What is involved in using this treatment? Extremely Important Is Selected Or What is involved in using this treatment? Important Is Selected

_____ What is involved in using this treatment?

If What is involved in stopping this treatment? Extremely Important Is Selected Or What is involved in stopping this treatment? Important Is Selected

_____ What is involved in stopping this treatment?

If Below are the questions which you rated "important" or "extremely important" when considering treatment for depression. Please rank only your TOP FIVE questions in order of most to least ... 6 Is Selected Or Below are the questions which you rated "important" or "extremely important" when considering treatment for depression. Please rank only your TOP FIVE questions in order of most to least ... 5 Is Selected

_____ How quickly can this treatment commence?

Please review the following possible side effects of depression treatment. Please rank only your TOP FIVE most concerning side effects in order of most to least important by dragging the most important side effects to the top. The most important side effect should be in position 1, the second most important in position 2, and so on. The order of the remaining side effects can be disregarded.

- _____ Weight change
- _____ Sleep issues
- _____ Nausea/vomiting
- _____ Constipation
- _____ Diarrhea
- _____ Sexual issues
- _____ Increased risk of suicide
- _____ Harm to an unborn child
- _____ Drug-drug interactions
- _____ Seizures
- _____ Heart problems
- _____ Increased stress

Are there important side effects not listed?

- No
- Yes (please list below) _____

Please think back to the last time you had a visit with a health care practitioner where a decision was made about how to treat your depression. Who decided what treatment you would use?

- I decided which treatment I would use by myself
- I decided which treatment I would use after seriously considering my clinician's opinion
- My clinician and I decided together which treatment I would use
- My clinician decided which treatment I would use after seriously considering my opinion
- My clinician decided which treatment I would use by his or herself

Again, please think back to the last time you had a visit with a health care provider where a decision was made about how to treat your depression. When this decision was being made...

How much effort was made to help you understand your health issues?

- No effort at all 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- Every effort was made 10

How much effort was made to listen to the things that matter most to you about your health issues?

- No effort at all 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- Every effort was made 10

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

- No effort at all 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- Every effort was made 10

When was the last time you talked to a health care provider about depression?

- Less than a week ago
- Between a week and a month ago
- Between a month and six months ago
- Between six months and a year ago
- More than a year ago

What is your ethnicity?

- Hispanic or Latino/a
- Not Hispanic or Latino/a

What is your race? Please check all that apply

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other (please specify) _____

What is the highest grade of school you have completed, or the highest degree you have received?

- No school completed, or less than 1 year
- Nursery, kindergarten, and elementary (grades 1-8)
- High school (grades 9-12, no diploma)
- High school graduate or equivalent (i.e. GED)
- Some college (1-4 years, no degree)
- Trade/technical/vocational training
- Associate's degree (including occupational or academic degree)
- Bachelor's degree (BA, BS, AB, etc)
- Master's degree (MA, MS, MENG, MSW, etc)
- Professional degree (MD, DDC, JD, etc)
- Doctorate degree (PhD, EdD, etc)
- I prefer not to say

Are you currently employed?

- Yes
- No

Which of the following best describes the area in which you live?

- Urban/Metropolitan (50,000 people or more)
- Large Rural City/Micropolitan (10,000 - 49,000 people)
- Small Rural City/Town (2,500-9,999 people)
- Isolated Rural Town (under 2,500 and a commute of greater than 60 minutes to an Urban area)

What is your marital status?

- Single (never married)
- Married
- Separated or divorced
- Widowed
- I prefer not to say

Do you currently have health insurance coverage?

- Yes
- No
- I prefer not to say

Answer If Do you currently have health insurance? Yes Is Selected

How do you obtain your health insurance coverage?

- Through your current or former employer
- Through a family member's current or former employer
- Through a public program (e.g., Medicare, Medicaid, CHIP)
- Through a government exchange
- Directly from a health insurance company
- Other (please specify below) _____

Is there anything important that we didn't cover? Please describe below.

How did you hear about this survey?

- Online community/Blog post
- Friend/Colleague
- Listserv email
- Print advertising
- Online advertising
- Survey Service
- Other _____

Would you like us to share the findings of this study with you? (If you choose to provide your email address, it will be stored securely. We will only contact you for the reason described and we will not share it with any third party.)

- Yes, my email address is: _____
- No

May we invite you to participate in research studies like this one in the future? (You can always choose not to participate if we contact you.)

- Yes, my email address is: _____
- No