APPE	NDIX B						
Patient	t surveys						
Survey	for patients with s	small-to-mod	lerate pro	ostates (3	<u>80-80ml)</u>		
	ch question, please coing this patient decis		ver that be	est descri	bes how you pers	onally feel after	
1) The	e language used was	easy to follo	W.				
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer not to answer	
1.1)	Do you have any ac	lditional com	ments abo	out the la	nguage of this pat	ient decision aid?	
							<u></u>
2) The	e amount of informa	tion provided	l was:				
	Much less than wanted	Little less th wanted	nan Abo	out right	Little more than wanted	Much more than wanted	Prefer no to answer
	you have any addidecision aid?		nts about	the amou			
							_

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3) The	e length of the dec	ision aid was:					
	Too short	Just right	Too	long	Prefer not answer	to	
3.1) Do	you have any add	ditional comm	ents about	the leng	th of this patient of	decision	aid?
4) The	Benefits and Ris	ks section was	easy to fo	llow:			
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer answer	
4.1) Do	you have any add	ditional comm	ents on thi	s regard?	)		
5) I fo	und the decision a	aid favored:					
	☐ Bipolar	ight Vaporizat ition ation	ion				

	ana <b>et a</b> l. Evaluating ment of lower urinar	_		_		
5.1) Do	you have any addit	ional comm	ents on thi	s regard	?	
6) This	s decision aid would	have been	helpful du	ring my	treatment deci	sion making.
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer not to answer
5.1) Do	you have any addit	ional comm	ents on thi	s regard	?	
7) Iw	ould recommend th	is decision a	nid for new	patients	s with BPH	
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer not to answer
7.1) Do	you have any addit	ional comm	ents on thi	s regardí	?	

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8) I am satisfied with the overall quality of this patient decision aid.

Strongly	Disagree	Neutral	Agree	Strongly	Prefer not to
disagree				agree	answer

8.1) Do you have any additional comments on this regard?
9) What did you like about the patient decision aid?
10) Do you have any other suggestions for information that would be helpful to include on this patient decision aid?

## Survey for patients with moderate-to-large prostates (80-150 ml)

For each question, please circle the answer that best describes how you personally feel after reviewing this patient decision aid.

1) The language used was easy to follow.

Strongly	Disagree	Neutral	Agree	Strongly	Prefer not to
disagree				agree	answer

1.1) Do you have any additional comments about the language of this patient decision aid?

2) The amount of information provided was:

Much less	Little less	About	Little more	Much more	Prefer not to
than	than wanted	right	than wanted	than wanted	answer
wanted					

2.1) Do you have any additional comments about the amount of information provided in this patient decision aid?

3) The length of the decision aid was:

Too short	Just right	Too long	Prefer not to
			answer

3.1) Do	you have any addi	tional comn	nents abou	t the leng	gth of this pation	ent decision aid?	
4) The	Benefits and Risks	s section wa	s easy to f	ollow:			
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer not to answer	
	disagree				agree	unswer	
4.1) Do	you have any addi	tional comn	nents on th	is regard	1?		
,	J			J			
5) I fou	and the decision aid	d favored:					
	☐ Green Lig		ation				
	□ Enucleati □ Aquablati						
	□ Open Pro		val				
	☐ Robotic F	Proctate Ran	noval				
			110 v a1				
			no var				
5.1) Do		nnced		iis regard	1?		

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	ana et al. Evaluation ment of lower uring	-		-		n aid for the surgical ic hyperplasia
) This	s decision aid wou	ıld have beer	n helpful d	uring my	treatment de	ecision making.
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer not to answer
1) Do	you have any add	litional comr	nents on th	nis regard	1?	
) I wo	ould recommend t	his decision	aid for nev	v patients	s with BPH	
	Strongly	Disagree	Neutral	Agree	Strongly	Prefer not to
	disagree	Disagree	redual	rigice	agree	answer
1) Do	you have any add	litional comr	ments on th	nis regard	1?	
I an	n satisfied with the	_	,	1		
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer not to answer
3.1) Do	you have any add	litional comr	ments on th	nis regard	1?	

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9) What did you like about the patient decision aid?
10) Do you have any other suggestions for information that would be helpful to include on this patient decision aid?

## Survey for patients with large prostates (>150 ml)

For each question, please circle the answer that best describes how you personally feel	l after
reviewing this patient decision aid.	

1) The language used was easy to follow.

Strongly	Disagree	Neutral	Agree	Strongly	Prefer not to
disagree				agree	answer

1.1) Do you have any additional comments about the language of this patient decision aid?

2) The amount of information provided was:

Much less	Little less	About	Little more	Much more	Prefer not to
than	than wanted	right	than wanted	than wanted	answer
wanted					

2.1) Do you have any additional comments about the amount of information provided in this patient decision aid?

3) The length of the decision aid was:

Too short	Just right	Too long	Prefer not to
-----------	------------	----------	---------------

					answer		
3.1) Do	you have any addi	tional comn	nents abou	t the leng	gth of this patie	ent decision aid	?
4) The	Benefits and Risks	section wa	s easy to fe	ollow:			_
	Strongly	Disagree	Neutral	Agree	Strongly	Prefer not to	
	disagree				agree	answer	
4.1) Do	you have any addi	tional comn	nents on th	iis regard	!?		
5) I fou	and the decision aid	l favored:					
	_	ht Vaporiza	ition				
	☐ Enucleation		1				
	☐ Open Pro☐ Robotic P						
	□ Well bala						
5.1) Do	you have any addi	tional comn	nents on th	is regard	!?		

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	nna et al. Evaluating nent of lower urina	_		_		_
This	decision aid would	d have been	ı helpful dı	aring my	treatment dec	cision making.
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer not to answer
1) Do	you have any addi	tional comr	nents on th	is regard	1?	
I wo	ould recommend the	is decision	aid for new	patients	s with BPH	
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer not to answer
1) Do	you have any addi	tional comr	nents on th	is regard	1?	
) I am	satisfied with the	overall qua	lity of this	patient d	lecision aid.	
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Prefer not to answer
1) Do	you have any addi	tional comr	nents on th	is regard	1?	
,	, ,			υ		

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9)	What did you like about the patient decision aid?			
10)	Do you have any other suggestions for information that would be helpful to include on this patient decision aid?			