

Additional file1
Brief Action Planning skills survey

Please check the box with ✓ that best describes the skills covered in any training you have had (including the recent BAP training) and your experiences with those skills. The responses range from left to right, starting with not having an opportunity to learn about it, to being confident using a skill you have learned. You may choose one answer per row.

	I don't know much about this	I tried to practice this during my training	I use this skill in my work	I am confident using this skill routinely in my work
The spirit of Motivational Interviewing				
Teach-back for health literacy				
Using reflections to emphasize hope and encourage change				
Helping patients create action plans				
Collaborative problem solving				
Checking in on action plans				
Using a confidence scale or ruler				
Helping patients to talk about change				
Developing strategies for working with challenging situations and people				
Using Ask-Tell-Ask when giving information or advice				

Brief Action Planning (BAP)

Pre and Post-intervention questionnaire

This questionnaire was design to help us gather more information about your experience of using the BAP tool in your practice.

Read carefully the following statements. For each statement, please answer by circling ONE number which best applies to you.

Let’s Be Better Health Care Partners: We Want *Your* Feedback!

1. How important is it for you to explain things in a way your patients can understand?

0 1 2 3 4 5 6 7 8 9 10
Not at all important Extremely important

▪ **How confident are you that you can explain things in a way that your patients can understand?**

0 1 2 3 4 5 6 7 8 9 10
Not at all confident Extremely confident

2. How important is it for you to elicit your patients’ preferences and cultural traditions when planning their care?

0 1 2 3 4 5 6 7 8 9 10
Not at all important Extremely important

▪ **How confident are you that you can elicit your patients’ preferences and cultural traditions when planning their care?**

0 1 2 3 4 5 6 7 8 9 10
Not at all confident Extremely confident

3. How important is it for you to work *collaboratively* with your patients to set goals to help them to improve their health and well-being?

0 1 2 3 4 5 6 7 8 9 10
Not important Very important

▪ **How confident are you that you can work *collaboratively* with your patients to set goals to help them to improve their health and well-being?**




0 1 2 3 4 5 6 7 8 9 10
Not at all confident Extremely confident

4. How important is it for you to address the barriers that your patients’ face in setting or reaching their goals?

0 1 2 3 4 5 6 7 8 9 10
Not at all important Extremely important

Patient Survey - Brief Action Planning

Put a **X** in the box that best describes how confident you are:

	Not Very Confident 	Somewhat Confident 	Very Confident 	I do not have any health problems
How confident (sure) are you that you can control and manage most of your health problems?				

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Support for Healthy Behaviors					
Staying healthy can be challenging. We would like to learn about the type of help you get from your chiropractor. Your answers will be kept confidential and will not be shared with your chiropractor.					
<u>Over the past 3 months, when I received health care, I was:</u>					
	<u>None of the time</u>	<u>A Little of the Time</u>	<u>Some of the Time</u>	<u>Most of the Time</u>	<u>Always</u>
1. Asked to talk about my goals for my health.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
2. Asked for my ideas when we made a plan for my health.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
3. Helped to set specific plans to improve my health, such as eating or exercise.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
4. Helped to make a plan that I could carry out in my daily life.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
5. Contacted me after a visit to see how things were going.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅