

## APPENDIX B

### Patient surveys

#### Survey for patients with small-to-moderate prostates (30-80ml)

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 | Disagree | Neutral | Agree | Strongly agree | Prefer not to answer |
|-------------------|----------|---------|-------|----------------|----------------------|

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

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2) The amount of information provided was:

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

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

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3) The length of the decision aid was:

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

3.1) Do you have any additional comments about the length of this patient decision aid?

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4) The Benefits and Risks section was easy to follow:

|                   |          |         |       |                |                      |
|-------------------|----------|---------|-------|----------------|----------------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Prefer not to answer |
|-------------------|----------|---------|-------|----------------|----------------------|

4.1) Do you have any additional comments on this regard?

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5) I found the decision aid favored:

- Monopolar TURP
- Bipolar TURP
- GreenLight Vaporization
- Enucleation
- Rezum
- Urolift
- Aquablation
- Well balanced

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5.1) Do you have any additional comments on this regard?

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6) This decision aid would have been helpful during my treatment decision making.

|                   |          |         |       |                |                      |
|-------------------|----------|---------|-------|----------------|----------------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Prefer not to answer |
|-------------------|----------|---------|-------|----------------|----------------------|

6.1) Do you have any additional comments on this regard?

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7) I would recommend this decision aid for new patients with BPH

|                   |          |         |       |                |                      |
|-------------------|----------|---------|-------|----------------|----------------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Prefer not to answer |
|-------------------|----------|---------|-------|----------------|----------------------|

7.1) Do you have any additional comments on this regard?

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

|                   |          |         |       |                |                      |
|-------------------|----------|---------|-------|----------------|----------------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Prefer not to answer |
|-------------------|----------|---------|-------|----------------|----------------------|

8.1) Do you have any additional comments on this regard?

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9) What did you like about the patient decision aid?

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10) Do you have any other suggestions for information that would be helpful to include on this patient decision aid?

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**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 | Disagree | Neutral | Agree | Strongly agree | Prefer not to answer |
|-------------------|----------|---------|-------|----------------|----------------------|

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

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2) The amount of information provided was:

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

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

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3) The length of the decision aid was:

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

***Bouhadana et al. Evaluating the acceptability of an online patient decision aid for the surgical management of lower urinary tract symptoms secondary to benign prostatic hyperplasia***

3.1) Do you have any additional comments about the length of this patient decision aid?

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4) The Benefits and Risks section was easy to follow:

|                   |          |         |       |                |                      |
|-------------------|----------|---------|-------|----------------|----------------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Prefer not to answer |
|-------------------|----------|---------|-------|----------------|----------------------|

4.1) Do you have any additional comments on this regard?

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5) I found the decision aid favored:

- Green Light Vaporization
- Enucleation
- Aquablation
- Open Prostate Removal
- Robotic Prostate Removal
- Well balanced

5.1) Do you have any additional comments on this regard?

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6) This decision aid would have been helpful during my treatment decision making.

|                   |          |         |       |                |                      |
|-------------------|----------|---------|-------|----------------|----------------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Prefer not to answer |
|-------------------|----------|---------|-------|----------------|----------------------|

6.1) Do you have any additional comments on this regard?

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7) I would recommend this decision aid for new patients with BPH

|                   |          |         |       |                |                      |
|-------------------|----------|---------|-------|----------------|----------------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Prefer not to answer |
|-------------------|----------|---------|-------|----------------|----------------------|

7.1) Do you have any additional comments on this regard?

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

|                   |          |         |       |                |                      |
|-------------------|----------|---------|-------|----------------|----------------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Prefer not to answer |
|-------------------|----------|---------|-------|----------------|----------------------|

8.1) Do you have any additional comments on this regard?

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9) What did you like about the patient decision aid?

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10) Do you have any other suggestions for information that would be helpful to include on this patient decision aid?

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**Survey for patients with large prostates (>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 | Disagree | Neutral | Agree | Strongly agree | Prefer not to answer |
|-------------------|----------|---------|-------|----------------|----------------------|

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

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2) The amount of information provided was:

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

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

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3) The length of the decision aid was:

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

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|  |  |  |        |
|--|--|--|--------|
|  |  |  | answer |
|--|--|--|--------|

3.1) Do you have any additional comments about the length of this patient decision aid?

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4) The Benefits and Risks section was easy to follow:

|                   |          |         |       |                |                      |
|-------------------|----------|---------|-------|----------------|----------------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Prefer not to answer |
|-------------------|----------|---------|-------|----------------|----------------------|

4.1) Do you have any additional comments on this regard?

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5) I found the decision aid favored:

- GreenLight Vaporization
- Enucleation
- Open Prostate Removal
- Robotic Prostate Removal
- Well balanced

5.1) Do you have any additional comments on this regard?

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6) This decision aid would have been helpful during my treatment decision making.

|                   |          |         |       |                |                      |
|-------------------|----------|---------|-------|----------------|----------------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Prefer not to answer |
|-------------------|----------|---------|-------|----------------|----------------------|

6.1) Do you have any additional comments on this regard?

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7) I would recommend this decision aid for new patients with BPH

|                   |          |         |       |                |                      |
|-------------------|----------|---------|-------|----------------|----------------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Prefer not to answer |
|-------------------|----------|---------|-------|----------------|----------------------|

7.1) Do you have any additional comments on this regard?

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---

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

|                   |          |         |       |                |                      |
|-------------------|----------|---------|-------|----------------|----------------------|
| Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Prefer not to answer |
|-------------------|----------|---------|-------|----------------|----------------------|

8.1) Do you have any additional comments on this regard?

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9) What did you like about the patient decision aid?

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10) Do you have any other suggestions for information that would be helpful to include on this patient decision aid?

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