### Supplemental Digital Appendix 1

**Rochester Participatory Decision-Making Scale (RPAD) Rating Guide as Annotated for and Used in the Patient Engagement Project Study**

<table>
<thead>
<tr>
<th>#</th>
<th>Question</th>
<th>Answers</th>
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</table>
| 1  | Did the physician/team explain the clinical issue or nature of the decision?  
*Focus on the nature of the explanation—if this was cursory, hurried or confusing, then score ½. If this was clear, score a 1.* | 0 = no evidence  
½ = gives a cursory, hurried, unclear, rushed explanation or long confusing lecture  
1 = clearly explains his/her view of the medical/clinical problem |
| 2  | Discussion of the uncertainties associated with the situation OR alternatives.  
*Score for discussion of "alternatives" in addition to uncertainties.* | 0 = no evidence  
½ = acknowledges uncertainties or alternatives but does not explain thoroughly or only does with active patient prompting.  
1 = thoroughly explains uncertainties or alternatives in the problem or treatment. |
| 3  | Clarification of agreement  
*½: passive assent = head nodding, or simple vocalizations ("ok" "sure" "yeah")  
*1: "active" examples: Do you agree with this plan?"  
"Are you on board with this?"* | 0 = no evidence  
½ = patient expressed passive assent  
1 = actively asks for patient agreement and tries to obtain a commitment from the patient to the treatment plan. |
| 4  | Examine barriers to follow-through with the treatment plan  
*1/2: patient volunteers concerns without prompting by MD  
*1: examples: "What concerns do you have?"  
"Do you foresee any issues impacting your ability to follow through with this plan?"* | 0 = no evidence  
½ = patient discloses concerns or problems with following through with treatment  
1 = physician actively examines patient’s concerns or problems with following through with treatment plan |
| 5  | Physician/team gives patient opportunity to ask questions AND checks patient’s understanding of the treatment plan.  
*To score a 1, the MD must specifically ask if the patient understands their problems or treatment plan.* | 0 = no opportunity for the patient to ask questions  
½ = patient has opportunity to ask questions  
1 = physician/team asks patient for their understanding of problems or plans |
| 6  | Physician’s/team’s medical language matches patient’s level of understanding.  
*Watching the patient’s facial expressions and body language can assist here. (For instance, medical jargon is OK if the patient is a physician.)* | 0 = clear mismatch between the technicality of the physician’s/team’s and patient’s language  
½ = level of technicality or detail of the physician’s/team’s and patient’s language matches most of the time  
1 = level of technicality or detail of the physician’s/team’s and patient’s language clearly matches |
| 7  | Physician/team asks, “Any questions?”  
*To score this ½ or 1, the MD must say the word “question.” (e.g., “what questions do you have?”)*  
*To score this 1, discussion must follow this question* | 0 = no evidence  
½ = yes, but no discussion ensues  
1 = yes, and physician/team engages in a discussion with the patient about the question |
| 8  | Physician/team asks open-ended questions.  
*OK for question in 7 to “count twice,” although there is a possibility that a provider will be scored for #8 but not for #7.*  
*To score this a 1, discussion must ensue* | 0 = no evidence  
½ = yes, but no discussion ensues  
1 = yes, and physician/team engages in a discussion with the patient about the question |
| 9  | Physician/team checks his/her understanding of the patient’s point of view.  
*To score this as ½ or 1, the physician should essential use “teach back.” (e.g., “so if I understand you correctly, you feel comfortable trying the insulin injections?”)* | 0 = no evidence  
½ = yes, but no discussion ensues  
1 = yes, and physician/team engages in a discussion with patient about the physician’s/team’s perceptions of patient’s point of view |

*Annotated RPAD, adapted from Shields et al.²³ for use as a coding guide by PEP Study observers. Asterisks and italicized/bolded font draw an observer’s attention to key details.