THE PRIMARY CARE COMPANION FOR CNS DISORDERS

Supplementary Material

List of Supplementary Material for the article

1. **Appendix 1**   Bipolar Screener Research Questionnaire

Disclaimer

Supplementary Appendix 1. Bipolar Screener Research Questionnaire

MAIN SURVEY (~7 minutes)

SECTION A: Practice Use of Screener Tools

A1.   **Use of Depression Screening Tool in Practice**
Do you currently use any screener tools for **depression** in your practice?
- Yes
- No

A2.   **Depression Screening Tools Usage Unaided** (Show if selected Yes at A1)
Which screener tool(s) do you use in your practice for **depression**?
_____
_____

A3.   **Use of Bipolar Screening Tool in Practice**

Do you currently use any screener tools for **bipolar disorder** in your practice?
- Yes
- No

A4.   **Openness to Screening Tools** (Show only if selected "No" in A4)

How likely would you be to consider using a screening tool for **bipolar disorder** in the future?
- Definitely would
- Probably would
- Might or might not
- Probably would not
- Definitely would not

A5.   **Bipolar Screening Tools Usage Unaided** (Show if selected Yes at A4)
Which screener tool(s) do you use in your practice for **bipolar disorder**?
_____
_____

A6.   **MDQ Usage for Bipolar**
Thinking specifically about screening for **bipolar disorder** in your practice, which of the following best describes your use of the Mood disorder Questionnaire (**MDQ**) screening tool?

- I haven't heard of it being used for bipolar disorder
- I have never used this, but have heard of it being used for bipolar disorder
- I have used this in the past for bipolar disorder, but not anymore
- I currently use this to screen for bipolar disorder

A7.   **Other Tools Usage for Bipolar**
        Besides the MDQ, what other screener tools are you aware of that are used to screen for **bipolar disorder**?

        Open End
        _____
        •   I am not aware of any other bipolar screening tools

A8.   **MDQ Usefulness Rating** (Show if did NOT select "haven't heard of it" at A7)

        Thinking about yourself and your practice, how useful would you say the **MDQ** is for screening for **bipolar disorder**?
        •   1 – Not at all useful
        •   2 – Not very useful
        •   3 – Not useful
        •   4 – Neutral
        •   5 – Useful
        •   6 – Very useful
        •   7 – Extremely useful
        •   I am not familiar enough with the MDQ to answer this (Show for "I have never used this, but have heard of it being used for bipolar disorder" or "I have used this in the past for bipolar disorder, but not anymore")

A9a.   What percentage of your patients with depressive symptoms or a depression diagnosis do you screen for **bipolar disorder** using the **MDQ tool**?
        (Show if "currently use" MDQ to screen for bipolar at A6)
                ___ % of patients with depression

A9b.   How often do you screen your patients with depressive symptoms or a depression diagnosis for **bipolar disorder** using the **MDQ tool**?
        (Show if entered 1%+ at A9a)
        •   At nearly every visit
        •   At least every 2-3 visits or a few times a year
        •   Once a year
        •   Less often than once a year

A10.   **Tool Attributes**
        Now thinking specifically of a tool designed to screen for bipolar disorder, how important are each of the following attributes?

        Columns:
        •   1 – Not at all important
        •   2 – Not very important
        •   3 – Not important
        •   4 – Neutral
        •   5 – Important
        •   6 – Very important
        •   7 – Extremely important

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Rows:
- Is short / includes a minimal number of questions
- Includes questions that are easy to interpret
- Has an easy and clear scoring system
- Has good sensitivity (i.e., patients who screen positive have bipolar disorder)
- Has good specificity (i.e., patients who screen negative do not have bipolar disorder)
- Includes items that can distinguish bipolar patients using characteristics that are not manic symptoms
- Has been published in peer-reviewed medical journal(s)
- Is easy for patients to administer without guidance from a healthcare professional
- Is designed by a diverse group of health care professionals (including primary care and psychiatric communities)
- Is generally practical to use in day-to-day practice
- Provides screening results that I can confidently use to make decisions
- Is a tool currently or previously used by my peers in the medical community
- Helps me have more effective discussions with my patients about their symptoms

<div style="background:teal;color:white;text-align:center">SECTION B: Stimuli Reactions</div>

DT Stimuli Intro Now we are going to show you a potential new screening tool for bipolar disorder. Please take your time reviewing the tool.
NOTE: Stimuli has been sent through separately.

B1.　　**Reaction to RMS**
The tool you just reviewed is called the Rapid Mood Screener or RMS for short. How does the RMS **compare to other tool(s)** you've heard of or seen for **bipolar disorder**?
- 1 - Much worse
- 2 - Worse
- 3 - Somewhat worse
- 4 - About the same
- 5 - Somewhat better
- 6 - Better
- 7 - Much better
- I am not familiar enough with other screener tools for bipolar disorder to make a comparison (Show if respondent did NOT select code [ICurrentlyUse] at A6_MDQUsage)

B2.　　**Likelihood to try RMS**
How likely are you to ask your **new patients** with **depressive symptoms or a depression diagnosis** to complete the RMS when it's made available?
- 1 – Extremely unlikely
- 2 – Very unlikely
- 3 – Unlikely
- 4 – Neutral
- 5 - Likely
- 6 – Very likely
- 7 –Extremely likely

B3. **Screening MDD Patients**
How likely are you to **rescreen your existing patients with a depression diagnosis** with the RMS tool when it's made available?
- 1 – Extremely unlikely
- 2 – Very unlikely
- 3 – Unlikely
- 4 – Neutral
- 5 - Likely
- 6 – Very likely
- 7 –Extremely likely

B4. What percentage of your patients with depressive symptoms or a depression diagnosis would you screen for **bipolar disorder** using the **RMS tool** when it's made available?
(Show if selected "Neutral" to "Extremely Likely" at B3)
___ % of patients with depression

B5. How often would you screen your patients with depressive symptoms or a depression diagnosis for **bipolar disorder** using the **RMS** tool?
(Show if entered 1%+ at A10a)
- At nearly every visit
- At least every 2-3 visits or a few times a year
- Once a year
- Less often than once a year

B6. **Impact of RMS**
How, if at all, would the RMS impact your current practice, when made available?
- I would begin screening patients for bipolar disorder (Only show this answer option to those who say No in A3)
- I would screen a greater percentage of my patients that I suspect may have bipolar disorder
- I would rescreen patients for bipolar disorder more often
- Other (Please specify)
- The RMS will not impact my practice (Exclusive, Fixed)

B7. **Possible Administration Methods** (Do not show to those who select "Extremely unlikely" or Very Unlikely" in B2 <u>AND</u> B3)
Which of the following methods of administration would the RMS be appropriate for? Please select all that apply.
- In a practice, administered by a clinician
- In a practice, self-administered by the patient with a clinician present
- In a practice, by the patient alone before the visit (i.e. in the waiting room)
- Outside of an office visit, self-administered by a patient
- Other (Please specify)

B8.   **RMS Format** (Do not show to those who select "Extremely unlikely" or Very Unlikely" in B2 <u>AND</u> B3)
If administered in your practice, what format of the RMS would you use if made available? Please select all that apply
- Paper copy
- Web link
- App
- Electronic Health Record system
- Found via search engine
- Magnet
- Wall poster
- Pocket card
- Other (Please specify)

DT Stimuli Add On Now, we're going to show you a comparison of the RMS versus the MDQ for the screening of bipolar disorder. Please take your time reviewing the two screeners.

B9.   **Use of RMS vs MDQ in Practice**
If both of these tools were available, which one would you be more likely to use to screen for bipolar disorder in your practice?
- RMS
- MDQ

B10.   **Patient Use of Screener**
In your opinion, which tool do you believe patients would be more likely to fill out on their own outside of a clinical visit?
Select one response.
- RMS
- MDQ

NOTE: The order of questions B11 and B12 will be randomized.

B11.   **Perceptions of RMS**

On a scale of 1 to 7, with 1 = "does not describe at all" and 7 = "describes extremely well" how would you rate the **RMS** on the following attributes?
Columns:
- 1– Does not describe at all
- 2 – Describes very poorly
- 3 – Describes poorly
- 4 – Describes somewhat
- 5 – Describes well
- 6 – Describes very well
- 7 – Describes extremely well
Rows:
- Is short / includes a minimal number of questions
- Includes questions that are easy to answer
- Has an easy and clear scoring system
- Has good sensitivity (i.e., patients who screen positive have bipolar disorder)
- Has good specificity (i.e., patients who screen negative do not have bipolar disorder)

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- Includes items that can distinguish bipolar patients using characteristics that are not manic symptoms
- Is easy for patients to administer without guidance from a healthcare professional
- Is generally practical to use in day-to-day practice
- Provides screening results that I can confidently use to make decisions
- Can help me have more effective discussions with my patients about their symptoms

B12. **Perceptions of MDQ**

On a scale of 1 to 7, with 1 = "does not describe at all" and 7= "describes extremely well" how would you rate the **MDQ** on the following attributes?

Columns:
- 1– Does not describe at all
- 2 – Describes very poorly
- 3 – Describes poorly
- 4 – Describes somewhat
- 5 – Describes well
- 6 – Describes very well
- 7 – Describes extremely well

Rows:
- Is short / includes a minimal number of questions
- Includes questions that are easy to answer
- Has an easy and clear scoring system
- Has good sensitivity (i.e., patients who screen positive have bipolar disorder)
- Has good specificity (i.e., patients who screen negative do not have bipolar disorder)
- Includes items that can distinguish bipolar patients using characteristics that are not manic symptoms
- Is easy for patients to administer without guidance from a healthcare professional
- Is generally practical to use in day-to-day practice
- Provides screening results that I can confidently use to make decisions
- Can help me have more effective discussions with my patients about their symptoms

B13. **Relevance for adoption in practice**

How compelling are each of the following statements about the RMS in making you more likely to adopt the RMS to screen for bipolar disorder in your practice?

Columns:
- 1 – Not at all compelling
- 2 – Not very compelling
- 3 – Not compelling
- 4 – Neutral
- 5 – Compelling
- 6 – Very compelling
- 7 – Extremely compelling

Rows:
- The RMS will help reduce the misdiagnosis of patients with bipolar I disorder (BP-I)
- The RMS is a pragmatic approach to address the need for timely and accurate evaluation of bipolar disorder
- The RMS takes less than 2 minutes to complete
- The RMS does not focus solely on manic symptoms

- The RMS questions are easy for a patient to understand
- Scoring the RMS is quick and easy
- The RMS is short (6-items in the tool)
- The RMS results in a positive screening with 88% sensitivity and 80% specificity for BP-I

B14.   **Preferences on source of awareness**
Which of the following sources would you prefer for learning about the new the RMS tool?
Select all that apply.
- Medical journals
- Education web sites (WebMD or similar)
- Conferences
- Key Opinion Leaders
- Pharmaceutical medical science liaisons
- Pharmaceutical sales representatives
- CME
- Mental health advocacy groups
- Publications
- Email
- Physical mail (i.e. brochure)
- Promotional lunch programs
- Peers in the medical community
- Other (Please Specify)

Thank you very much for your time and responses.