

Appendix B Comparison of our SURE-test findings to the broader literature

Psychometric property	Our study	Légaré, et al., [12]	Ferron et al., [13]**	Decary, et al., [14]
Sample (n)	Parents (201)	Adult patients (1597)	Mixed, mostly adult patients (712)	Adult patients (146)
Decision	Antibiotic use	Prenatal screening	Antibiotic use	Mixed
Prevalence of decisional conflict (DCS) (%, 95% CI)	6% (3-10)	NR	5.2% (3.7–7.3)	18% (12-25)
Prevalence of decisional conflict (SURE) (%, 95% CI)	11% (7–17)	33% (NR)	19% (NR)	5% (NR)
Internal consistency	0.56	0.54 – 0.65	0.70	NR
SURE-test and DCS total score correlation coefficient	$\rho = -0.36$, $P < 0.0001$	$r = -0.46$, $P < 0.0001$	$\rho = -0.45$, $P < 0.0001$	NR
Cut-off used to dichotomize CSDC*	DCS = > 25 SURE = < 4	DCS = ≥ 37.5 SURE = < 4	DCS = ≥ 37.5 SURE = < 4	DCS = > 25 SURE = < 4
Sensitivity , (%, (95% CI))	32 (20- 44)	NR	94 (78.9–99.0)	15 (0.04-0.4)
Specificity , (%, (95% CI))	96 (93-100)	NR	89.8 (87.1-92.0)	97 (92.0 – 99.0)
+ Likelihood ratio (95% CI)	8.4 (0-17)	NR	9.26 (7.2–11.9)	4.6 (1.2-17.3)
- Likelihood ratio (95% CI)	0.7 (0.53-0.87)	NR	0.07 (0.02-0.3)	0.88 (0.7-1.0)

*CSDC = clinically significant decisional conflict; NR = not reported; DCS = Decisional Conflict Scale; NA = not applicable.

** Please note that our study is a nested secondary analysis from the dataset used in the Ferron study [12].