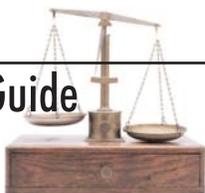


# Ottawa Personal Decision Guide



*For Health or Social Decisions*

The Ottawa Personal Decision Guide is for people who are facing tough decisions. It will help you identify your personal needs, plan the next steps, track your progress, and communicate your views to others involved in the decision. The skills you learn here will also help you make other decisions in the future.

You will be guided through 5 steps:

- 1 Clarify the decision.
- 2 Identify your role in decision making.
- 3 Assess your decision making needs.
- 4 Weigh the options.
- 5 Plan the next steps.

The guide can be used more than once to track your progress in decision making. The first time you use the guide, please place your answers in the first column. The next time, please use the second column.



## 1 Clarify the decision.

What is the decision you face?

---



---

What is your reason for making this decision?

---

When does this decision have to be made? Date \_\_\_\_\_

How far along are you with your decision? [Check  the box that applies to you].

- a. I have not yet thought about options
- b. I am considering the options
- c. I am close to choosing an option
- d. I have already made a choice

First Time	Changes
Date: _____ mm/dd/yy	Date: _____ mm/dd/yy
<input type="checkbox"/>	<input type="checkbox"/>

Are you leaning toward a specific option?

Yes  No

Yes  No

If yes, which one? Specify:

---

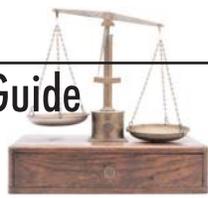


---

## 2 Identify your role in decision-making. [Check the box that applies to you]

- a. I prefer to decide on my own or after considering the opinions of others.
- b. I prefer to share the decision with: \_\_\_\_\_.
- c. I prefer that someone else decides for me, namely: \_\_\_\_\_.

First Time	Changes
Date: _____ mm/dd/yy	Date: _____ mm/dd/yy
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



**3 Assess your decision-making needs.**

People make better decisions if they feel confident in four areas: 1. knowing the options; 2. feeling clear about what is important to them; 3. having enough help from others in deciding; and 4. feeling sure that they are making the best choice.

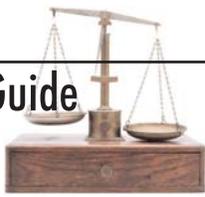
The questions below can help you see how confident you are in the four areas. Please circle your answers to the questions and date each column.

Areas		First Time		Changes	
		Date _____ mm/dd/yy	Date _____ mm/dd/yy	Date _____ mm/dd/yy	Date _____ mm/dd/yy
 What I know	Do you know which options you have?	Yes	No	Yes	No
	Do you know the good and bad points of each option?	Yes	No	Yes	No
 What's important to me	Are you clear about which good and bad points are most important to you?	Yes	No	Yes	No
 How others help	Do you have enough support from others to make a choice?	Yes	No	Yes	No
	Are you choosing without pressure from others?	Yes	No	Yes	No
 How sure I feel	Do you feel sure about the best choice for you?	Yes	No	Yes	No

Decisional Conflict Scale ©2004 A. O'Connor

If you answer 'yes' to all the questions in an area, this shows you feel confident. People who have answered 'no' to one or several questions are more likely to delay their decision, to have trouble sticking with their choice, or to feel regret about their choice or less satisfied with their decision. Therefore, it is important to work through steps **4** and **5** to gain more confidence in each area.

# Decision Guide



*For Health or Social Decisions*

## 4 Weigh the options.

Use the balance scale below to help you compare the options and, if you wish, show others involved in the decision.

### What I Know

- A. Please list and review the options you are considering on the balance scale below.
- B. List the pros and cons of each option.
- C. Underline the pros and cons that you think are most likely to happen.

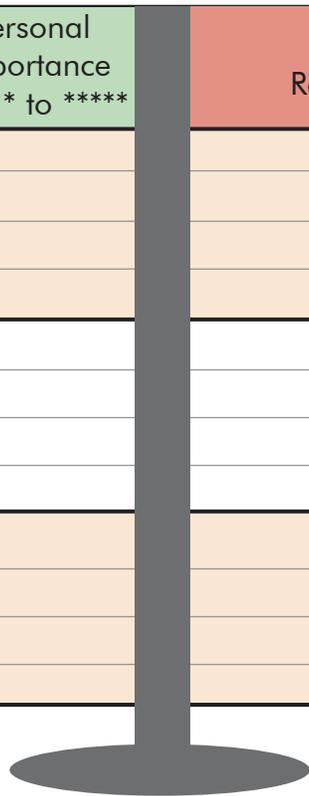
### What is Important to Me

- D. Show how important each pro and con is to you by placing one star (\*) to five stars (\*\*\*\*\*) beside each item. More stars show more importance.

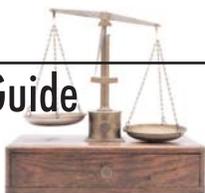
### How Sure I Feel

- E. Circle the option with the pros that are most important to you and most likely to happen. Avoid the option with the cons that are most important to avoid and most likely to happen.

	😊 PROS Reasons to choose option	Personal Importance Add * to *****	☹️ CONS Reasons to avoid option	Personal Importance Add * to *****
Option #1 is:				
Option #2 is:				
Option #3 is:				



# Decision Guide



*For Health or Social Decisions*

## 4 Weigh the options. (continued)

### F. 'How Others Help Me'.

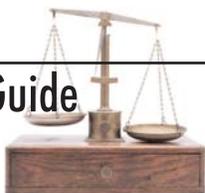
Complete the table below to keep track of others involved in this decision.

List the persons whose help or opinions matter most to you	Circle their opinion on the best choice for you				Things they can do to help you in this decision
	Neutral	Option #1	Option#2	Option#3	
1.	Neutral	Option #1	Option#2	Option#3	
2.	Neutral	Option #1	Option#2	Option#3	
3.	Neutral	Option #1	Option#2	Option#3	

## 5 Plan the next steps.

✓ Things making the decision difficult	✓ Things you are willing to try
<input type="checkbox"/> Not enough information about options, pros and cons	Having enough information makes it easier to participate in decision making. <input type="checkbox"/> List your questions:  <input type="checkbox"/> List the sources you will use to find this information (e.g. health professionals, librarian at a health centre, Internet, etc.):
<input type="checkbox"/> Not enough information about the likelihood of the pros and cons	People make decisions based on their perception of what might happen. <input type="checkbox"/> Get advice from your health professional or counsellor about how likely the pros and cons are to happen in your situation.
<input type="checkbox"/> Unsure about which pros or cons are most important to me	Finding out what was most important to others who made this decision may help clarify what is important for you. <input type="checkbox"/> Talk to your health professional or counsellor about other people who made this decision. <input type="checkbox"/> Review stories about others who made this decision (e.g. on the Internet) Whose views match yours? <input type="checkbox"/> Talk with people you know who have gone through this decision. Please specify who: _____
<input type="checkbox"/> Lack of support or resources	Support from other people or groups can help your decision making. <input type="checkbox"/> List the resources or practical help you still need. <input type="checkbox"/> Get advice from a professional you feel comfortable with. <input type="checkbox"/> Choose a trusted person who will help you work through the decision. <input type="checkbox"/> Bring someone with you to medical or other appointments to take notes.
<input type="checkbox"/> Pressure from others to make a specific choice	Focus on the opinions of 'people who matter' in this decision. <input type="checkbox"/> Share your decision guide with others. <input type="checkbox"/> Ask others to complete a guide themselves. Identify areas of agreement and differences. (People usually can agree on the facts, but may differ on what they value most. It is the person who will be most directly affected by the choice whose values matter most). <input type="checkbox"/> Find a neutral person to help you and others find solutions to the disagreement.
<input type="checkbox"/> Other factors making the decision difficult	List anything else you need to help you:

# Ottawa Personal Decision Guide



*For Health or Social Decisions*

If you would like to share this information with your health practitioner or other health professional, please complete this section with some information about yourself.

Current Date: \_\_\_\_\_  
dd/mm/yy

Last Name: \_\_\_\_\_ First Name : \_\_\_\_\_

Year of birth: \_\_\_\_\_

Sex:  male  female

Highest completed education:  grade school  
 elementary school  
 some high school  
 high school diploma  
 community college diploma  
 university degree

Language most often spoken  
at home: \_\_\_\_\_

Ethnic origin: \_\_\_\_\_ (e.g. Caucasian, Asian, African, Hispanic)

Medical conditions  
that might affect your  
decision: \_\_\_\_\_

Please rate your health:  excellent  
 good  
 fair  
 poor

Family composition  
(Who lives at home with you?) \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Telephone number: ( \_\_\_\_\_ ) \_\_\_\_\_

**Discuss your options and views with your  
health professional or counsellor.**

Before making a final decision, discuss your situation with your health professional or counsellor. Every individual's needs and health concerns are different.

*For additional copies of this decision aid and an interactive version, visit [www.ohri.ca/decisionaid](http://www.ohri.ca/decisionaid)*