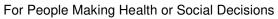
## **Ottawa Personal Decision Guide**







| Clarify your decise                             | sion.  |  |   |  |  |  |  |  |
|---|--|--|---|--|--|--|--|--|
| What decision do you face?                      |  |  |   |  |  |  |  |  |
| What are your reasons for making this decision? |  |  |   |  |  |  |  |  |
| When do you need to make a choice?              |  |  |   |  |  |  |  |  |
| How far along are you with making a choice?     |  | Not thought about it<br>Thinking about it                          | <ul><li>Close to choosing</li><li>Made a choice</li></ul>       |  |  |  |  |  |
| <b>2</b> Explore your decision.                 |  |  |   |  |  |  |  |  |
| Knowledge                                       | Values   |  | Certainty   |  |  |  |  |  |
| List the options and ben<br>and risks you know. | enefits Rate each benefit and risk Choose the option with t      |  | Choose the option with the b most to you. Avoid the option      |  |  |  |  |  |
|   | Reasons to Choose<br>this Option<br>Benefits / Advantages / Pros | How much it<br>matters to you:<br>0★ not at all<br>5★ a great deal | Reasons to Avoid<br>this Option<br>Risks / Disadvantages / Cons | How much it<br>matters to you:<br>0★ not at all<br>5★ a great deal |  |  |  |  |
| Option #1                                       |  |  |   |  |  |  |  |  |
| ·   |  |  |   |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |
| Option #2                                       |  |  |   |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |
| Option #3                                       |  |  |   |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |
|   |  |  |   |  |  |  |  |  |
| Which option do you pre                         | efer? Option #1  | Option #2  | Option #3   | Unsure   |  |  |  |  |
| Support   |  |  |   |  |  |  |  |  |
| Who else is involved?                           |  |  |   |  |  |  |  |  |
| Which option do they pre-                       | efer?  |  |   |  |  |  |  |  |
| Is this person pressuring                       | g you? 🗌 Yes 🗌 N   | o 🗌 Yes  | No Yes  | No No  |  |  |  |  |
| How can they support ye                         | ou?  |  |   |  |  |  |  |  |
| What role do you prefer making the choice?      | in Share the decision  | r hearing views of   |   |  |  |  |  |  |

| Identify your decision making needs.     Adapted from The SURE Test © 2008 O'Connor & Légaré |           |   |            |       |      |
|--|-----------|---|------------|-------|------|
|  | Knowledge | Do you know the benefits and risks of each option?      |            | ☐ Yes | 🗌 No |
|  | Values    | Are you clear about which benefits and risks matter mos | st to you? | 🗌 Yes | 🗌 No |
|  | Support   | Do you have enough support and advice to make a choi    | ice?       | ☐ Yes | 🗌 No |
|  | Certainty | Do you feel sure about the best choice for you?         |            | 🗌 Yes | 🗌 No |

If you answer 'no' to any question, you can work through steps two 🥹 and four 🕘, focusing on your needs. People who answer "No" to one or more of these questions are more likely to delay their decision, change their mind, feel regret about their choice or blame others for bad outcomes.

| O Plan the next steps based on your needs.          |              |  |  |  |  |
|---|--------------|--|--|--|--|
| Decision making needs                               | $\checkmark$ | Things you could try   |  |  |  |
| Knowledge<br>If you feel you do NOT have            |              | Find out more about the options and the chances of the benefits and risks.<br>List your questions.   |  |  |  |
| enough facts  |              | List where to find the answers (e.g. library, health professionals, counsellors):  |  |  |  |
| Values  |              | Review the stars in step two 2 to see what matters most to you.  |  |  |  |
| If you are NOT sure which                           |              | Find people who know what it is like to experience the benefits and risks.   |  |  |  |
| benefits and risks matter                           |              | Talk to others who have made the decision.   |  |  |  |
| most to you   |              | Read stories of what mattered most to others.  |  |  |  |
|   |              | Discuss with others what matters most to you.  |  |  |  |
| Support   |              | Discuss your options with a trusted person (e.g. health professional, counsellor, family, friends).  |  |  |  |
| If you feel you do NOT have enough support          |              | Find help to support your choice (e.g. funds, transport, child care).  |  |  |  |
| If you feel PRESSURE from others to make a specific |              | Focus on the views of others who matter most.  |  |  |  |
| choice  |              | Share your guide with others.  |  |  |  |
|   |              | Ask others to fill in this guide. (See where you agree. If you disagree on facts, get more information. If you disagree on what matters most, consider the other person's views. Take turns to listen to what the other person says matters most to them.) |  |  |  |
|   |              | Find a person to help you and others involved.   |  |  |  |
| Certainty If you feel UNSURE about                  |              | Work through steps two 2 and four 3, focusing on your needs.   |  |  |  |
| the best choice for you                             |              |  |  |  |  |
| Other factors making the decision DIFFICULT         |              | List anything else you could try:  |  |  |  |
|   |              |  |  |  |  |