

## Patient experiences of decision making form

Date: .....

You are making a decision about treatment or tests for:

.....

We are interested in your experiences of making a decision with the health professional you met today. In the questions below, the word *option* means the treatment or test choices you talked about for this healthcare treatment or test.

Your views will help us improve the care we give to patients making this decision.

- Please answer the 8 questions below. Tick the answer that best fits your experience, either **agree strongly**, **agree**, **disagree** or **disagree strongly**.
- Your answers are confidential. Do not put your name on this form.

How much do you agree with the following:	Agree Strongly	Agree	Disagree	Disagree Strongly
The health professional talked about other options from the one we chose.				
I felt the health professional thought one option was better for me than another.				
I felt it was OK to choose an option that was different from the health professional's choice.				
I felt the health professional gave me the support and advice I needed to make the best decision for me.				
I was able to tell the health professional what was important to me about this decision.				
I am clear about the benefits and risks of each option.				
I am clear which benefits and risks matter most to me.				
I am sure the option we chose is the best one for me.				

Thank you for answering these questions

Please return this form to .....