

This guide is intended to help you clarify and explore a practical, emotional, or cancer treatment decision.

# My Personal Decision Guide

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## 1. Clarify my decision: *(Use a separate Decision Guide for each decision.)*

**What** decision do I need to make?

**Why** do I need to make this decision?

**When** do I need to make this decision?

**How** far along am I with making this decision?

- I have not yet thought about options
- I am thinking about the options
- I am close to making a decision

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My Personal Decision Guide reflects my questions and concerns. The person who created this document with me with medical advice. I recognize that this document may contain errors or omissions. This decision guide is adapted from the Ottawa Personal Decision Guide, Patient Decision Aids Research Group, Ottawa Hospital Research Institute (2012).

**2. Explore your decision:** List the options and main **benefits** and **risks** of each option. What else do you need to know about each option?

<b>Option</b>	<b>Benefits</b> Reasons to choose this option
#1	
#2	
#3	
#4	

After you have completed these pages, which option do you prefer?

#1

#2

#3

#4

Not sure

<p style="text-align: center;"><b>Risks</b> Reasons to avoid this option</p>	<p style="text-align: center;"><b>Questions</b> What else do I need to know about this option?</p>
#1	
#2	
#3	
#4	

### 3. Support:

Who else is involved in my decision?	Which option does this person prefer? (#1, #2, #3, #4)	Is this person pressuring me?	How can this person support me?
Name/Relationship			
Name/Relationship			
Name/Relationship			
What role do I prefer in making my choice?	<input type="checkbox"/> I prefer to share this decision with _____ _____ <input type="checkbox"/> I prefer to decide myself after hearing the views of _____ _____ <input type="checkbox"/> I prefer that someone else decides. Who? _____		

### Identify your decision-making needs:

- |                   |  |                              |                             |
|-------------------|--|------------------------------|-----------------------------|
| <b>Knowledge</b>  | Do I know the benefits and risks of each option?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Importance</b> | Am I clear about which benefits and risks matter most to me? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Support</b>    | Do I have enough support and advice to make a decision?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Certainty</b>  | Do I feel sure about the best decision for me?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

#### 4. Plan the next steps based on your needs:

Factors important in my decision	What can help me make this decision?
<p><b>Knowledge</b> Do I need more information to make this decision?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> BCC Services               <ul style="list-style-type: none"> <li><input type="checkbox"/> Talk with a member of BCC's Medical Information Services</li> <li><input type="checkbox"/> Use the BCC Library</li> <li><input type="checkbox"/> Attend BCC Weekly Q&amp;A Session</li> </ul> </li> <li><input type="checkbox"/> Get more information about benefits and risks</li> <li><input type="checkbox"/> List my questions, what else do I need to know?</li> <li><input type="checkbox"/> Talk to my doctor(s)</li> <li><input type="checkbox"/> Other _____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ul>
<p><b>Support</b> Do I need more support in making this decision?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> BCC Services               <ul style="list-style-type: none"> <li><input type="checkbox"/> Talk to a Helpliner (650) 326-6686 or toll free (888) 222-4401</li> <li><input type="checkbox"/> Attend a BCC Support Group</li> <li><input type="checkbox"/> Talk to a BCC Therapist</li> <li><input type="checkbox"/> Talk to a BCC Buddy who had to make a similar decision</li> <li><input type="checkbox"/> Talk to BCC's Insurance/Employment Specialist</li> </ul> </li> <li><input type="checkbox"/> Discuss my options with a trusted person (doctor, social worker, therapist, friend, family)</li> <li><input type="checkbox"/> Find out what help is on hand to support my choice (funds, transportation, child care, etc.)</li> <li><input type="checkbox"/> Other _____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ul>

**4. Plan the next steps based on my needs (continued):**

<b>Factors important in my decision</b>	<b>What can help you make this decision?</b>
<p><b>Other Factors</b> What else might impact this decision?</p>	<ul style="list-style-type: none"><li><input type="checkbox"/> Is there anything in my medical/personal background that affects this decision?</li><li><input type="checkbox"/> Anything in my family history?</li><li><input type="checkbox"/> Any job or family responsibilities?</li><li><input type="checkbox"/> Any passtimes/activities I enjoy? For example, hobbies, recreation, sports.</li><li><input type="checkbox"/> Family events or trips already planned?</li><li><input type="checkbox"/> Other _____</li></ul> <hr/> <hr/> <hr/> <hr/>

