



# Personal Decision Guide

## Title of Procedure/Condition



Use this guide to talk with your doctor or support person



to help you make a decision.

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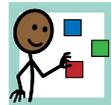
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What is XX?

### SECTION 2:

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Treatment Choices

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Making a Decision



### SECTION 1



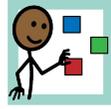
What is



**You may have:**




### SECTION 2



#### Treatment Choices

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**XX: Benefits and Risks**



**Benefits**



**Risks**



# Personal Decision Guide

## XX: What Have You Tried?

Treatment	Tried	Can Not Try	Want To Try	Helped	Did Not Help
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				
	<input type="checkbox"/>				



Your doctor might recommend xxx if:

\_\_\_\_\_



## **XXXtreatment: What is it?**



**Diagram:**





## XX Treatment: What to Expect?

**XX treatment: Benefits and Risks**



**Benefits**



**Risks**



# Personal Decision Guide

## Carpal Tunnel Syndrome

### SECTION 3



### Making a Decision



What's important to me (my values):



Do not agree



No opinion



Agree

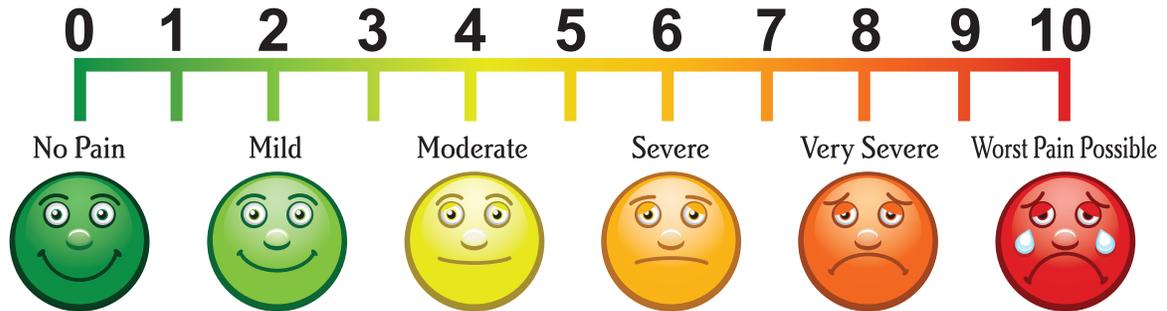
 I am worried about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 I am worried about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



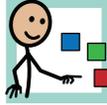
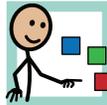
Other important things to me:

# Personal Decision Guide

Some people make a choice depending on how much pain they feel.  
Circle your level of pain:



## Do You Have What You Need to Make a Decision?

   <p>Do you understand your treatment options?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
    <p>Do you understand the risks and benefits of your options?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
   <p>Do you have the support you need to make a decision?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

## What is Your Decision ?



I Don't Know (Undecided)

If you haven't decided, check any of these, if they apply:

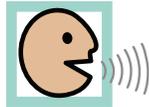


I need more information



I want to talk about my choices with someone

(add name if you know it): \_\_\_\_\_ .



I have something else to say.

# Personal Decision Guide



## How Sure Are You About Your Decision?



Not sure

1



a little sure

2



somewhat sure

3



sure

4



very sure

5



## List Any Questions or Concerns

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## What Do I Do Next?

- |   |  |
|---|--|
| <input type="checkbox"/> Tell my doctor my decision | <input type="checkbox"/> Schedule a date for surgery |
| <input type="checkbox"/> Get more information       | <input type="checkbox"/> Try a non-surgery treatment |
| <input type="checkbox"/> Talk to a support person   | <input type="checkbox"/> Other                       |

**Note: The information in this guide does not replace the advice of a doctor.**



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