

Sample Tool: Decision Regret Scale

Decision Regret Scale

Please reflect on the first decision you made about _____ after talking you're your physician. Please show how strongly you agree or disagree with these statements by circling a number from 1 (strongly agree) to 5 (strongly disagree) which best fits your views about your decision. I feel **confident** that I can:

| | | | | | |
|--|------------------------|------------|---------------------------------------|---------------|---------------------------|
| 1. It was the right decision | 1 Strongly Agree | 2 Agree | 3 Neither Agree Nor Disagree | 4 Disagree | 5 Strongly Disagree |
| 2. I regret the choice that was made | 1 Strongly Agree | 2 Agree | 3 Neither Agree Nor Disagree | 4 Disagree | 5 Strongly Disagree |
| 3. I would go for the same choice if I had to do it over again | 1 Strongly Agree | 2 Agree | 3 Neither Agree Nor Disagree | 4 Disagree | 5 Strongly Disagree |
| 4. The choice did me a lot of harm | 1 Strongly Agree | 2 Agree | 3 Neither Agree Nor Disagree | 4 Disagree | 5 Strongly Disagree |
| 5. The decision was a wise one | 1 Strongly Agree | 2 Agree | 3 Neither Agree Nor Disagree | 4 Disagree | 5 Strongly Disagree |

Decision Regret Scale © AM O'Connor, 1996 University of Ottawa