

# User Manual - Measures of Decision/Choice Predisposition

## Definition

Choice Predisposition: a person's leaning towards or propensity to select an option.  
Decision: person's stated choice among alternatives.  
Enacted Decision: implementation of a chosen option as determined by self-report and/or verification strategy.

## Sample Tools

- A. Choice Predisposition (Leaning)
- B. Decision
- C. Enacted Decision

### A. Choice Predisposition (Leaning) (Before or after a decision support strategy before visit with practitioner)

## My opinion of hormone therapy

We want to know what your opinion is of hormones before you review the decision support strategy.

**If your doctor asked you right now to make a choice about using hormone therapy, please show where you would be on the scale below, by placing a check in the box |√|**

If you wanted to take hormones, you would check |√| far to the left.

If you did not want to take hormones, you would check |√| far to the right.

If you were not sure, you would check |√| in the middle.

□□□□□□□□□□□□□□													
Yes				Unsure						No			
<b>Hormones</b>										<b>Hormones</b>			

Choice Predisposition © AM O'Connor 1996

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### B. Decision (*Just after visit with practitioner*)

## My Thoughts on the Best Choice for Me

Now that you have had a chance to talk to your physician about using long-term hormone therapy, which choice (✓) looks the best for you?

- Not using hormone therapy

Reason/comments:

- Using hormone therapy

Reason/comments:

- I'm not sure

Reason/comments:

Decision © AM O'Connor 1996

### C. Enacted Decision (*Follow-up Questionnaires – several months after visit with practitioner*)

## My Decision About Hormones

Are you currently taking hormones?

- Yes → Is this a change from when we last spoke?

No

- Yes → If yes, what was changed and why?

- No → Is this a change from when we last spoke?

No

- Yes → If yes, what was the reason for change?

- Haven't decided yet

Enacted Decision © AM O'Connor 1996

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### ***Directions for Use***

In a short introductory statement, respondents are asked to respond to: (a) a *Choice* predisposition comprising a 15 point scale anchored by 'yes \_\_\_' and 'no \_\_\_', with 'unsure' in the middle; or (b) a *Decision* question using a 'no/yes/unsure' response format; or an *Enacted decision* question which elicits a respondent's current use of an option classified as 'yes/no/unsure'.

Respondent's reason behind choice/decision can also be elicited.

Responses can be elicited over time and before/after interventions.

### ***Scoring and Interpretation***

The 15-point scale *Choice Predisposition* scale can be scored from 1 (leaning towards yes) to 15 (leaning towards no). The scale can be reclassified as: 1-5 (yes); 6-10 (unsure); 11-15 (no). The *Decision* question (no/yes/unsure) is sometimes reclassified as 'undecided' vs. 'decided' because decision support interventions often have their greatest impact on shifting the undecided; moreover, decisional needs (e.g. decisional conflict) is often greatest in the undecided group.

### ***Psychometric Properties***

Test-retest coefficients exceed 0.90 [3]

Correlates to values and expectations [2]

Is sensitive to change, particularly undecided category [2, 9, 10, 11]

Discriminates between interventions, particularly undecided [6]

### ***Clinical Applications Using this Tool***

Influenza immunization [1]

Hormone therapy [2, 3]

Prenatal testing [4]

COPD [5]

Atrial fibrillation [6]

Lung Cancer [7]

Blood transfusion [8]

Long term tub-feeding [9]

Osteoporosis [10]

Breast cancer prevention [11]

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### Availability

These tools are available in other languages as [listed here](#). They are protected by copyright but are freely available for you to use, provided you cite the reference in any questionnaires or publications. We would appreciate receiving a copy of any documents developed using this tool.

For further information or to send us documents you develop, please e-mail the Ottawa Health Decision Centre ([ohdec@ohri.ca](mailto:ohdec@ohri.ca)).

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