

Sample Tool: Decision Regret Scale

Decision Regret Scale

Please think about the decision you made about _____ after talking to your [doctor, surgeon, nurse, health professional, etc.]. Please show how you feel about these statements by circling a number from 1 (strongly agree) to 5 (strongly disagree).

- | | | | | | |
|--|------------------------|------------|---------------------------------------|---------------|---------------------------|
| 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 |

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