

Appendix C

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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