

# My Personal Decision Guide

This guide is intended to help you clarify and explore a practical, emotional, or cancer treatment decision.

## 1. Clarify my decision: (Use a separate Decision Guide for each decision.)

**What** decision do I need to make?

**Why** do I need to make this decision?

**When** do I need to make this decision?

**How** far along am I with making this decision?

- I have not yet thought about options
- I am thinking about the options
- I am close to making a decision

**2. Explore your decision:** List the options and main **benefits** and **risks** of each option. What else do you need to know about each option?

**Option**

**Benefits**

Reasons to choose this option

#1	
#2	
#3	
#4	

After you have completed these pages, which option do you prefer?

- #1       #2       #3       #4       Not sure

**Risks**

Reasons to avoid this option

**Questions**

What else do I need to know about this option?

#1	
#2	
#3	
#4	

### 3. Support

Who else is involved in my decision?	Which option does this person prefer?	Is this person pressuring me?	How can this person support me?
Name/ Relationship			
Name/ Relationship			
Name/ Relationship			
What role do I prefer in making my choice?	<p>I prefer to share this decision with _____</p> <p>_____</p> <p>I prefer to decide myself after hearing the views of _____</p> <p>_____</p> <p>I prefer that someone else decides. Who? _____</p>		

#### Identify your decision-making needs:

- |                   |  |  |
|-------------------|--|--|
| <b>Knowledge</b>  | Do I know the benefits and risks of each option?             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Importance</b> | Am I clear about which benefits and risks matter most to me? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Support</b>    | Do I have enough support and advice to make a decision?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Certainty</b>  | Do I feel sure about the best decision for me?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## 4. Plan the next steps based my your needs:

Factors important  
in my decision

What can help me  
make this decision?

### Knowledge

Do I need more  
information to  
make this decision?

- BACC Services
  - Talk with a member of BACC's Personalized Medical Research Team
  - Use the BACC Library
  - Explore BACC's online resources
- Get more information about benefits and risks
- List my questions, what else do I need to know?
- Talk to my doctor(s)
- Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Support

Do I need more  
support in making  
this decision?

- BACC Services
  - Talk to a Helpline (650) 326-6686 or toll-free (888) 222-4401
  - Attend a BACC Support Group
  - Talk to a BACC Therapist
  - Talk to a BACC Buddy who had to make a similar decision
  - Talk to BACC's Insurance/Employment Specialist
- Discuss my options with a trusted person (doctor, social worker, therapist, friend, family)
- Find out what help is on hand to support my choice (funds, transportation, child care, etc.)
- Other \_\_\_\_\_  
\_\_\_\_\_

#### 4. Plan the next steps based on my needs (continued):

Factors important  
in my decision

What can help me  
make this decision?

**Other factors**

What else might  
impact this decision?

- Is there anything in my medical/personal background that affects this decision
- Anything in my family history?
- Any job or family responsibilities?
- Any pastimes/activities I enjoy? For example, hobbies, recreation, sports.
- Family events or trips already planned?
- Other \_\_\_\_\_

---

---

