



# Saskatchewan Pelvic Floor Pathway

Addressograph

## DECISION CONFIDENCE QUESTIONNAIRE

Please check the space that corresponds to your answer.	NO 	YES 
1. Do you know the benefits and harms of each treatment option?		
2. Are you clear about which benefits and harms matter most to you?		
3. Do you have enough support and advice to make a choice?		
4. Do you feel sure about the best choice for you?		

The SURE test O'Connor and Legare, 2008

**Please tell us what treatment option you are currently leaning toward:**

Self care   
  Physical therapy   
  Medications   
  Pessary   
  Surgery

On a scale of 0 to 10, please indicate your level of confidence with your choice, where 0 is not at all confident and 10 is very confident.

**Not confident**   
    
    
    
    
    
    
    
    
    
    
    
    
 **Very confident**  
 0      1      2      3      4      5      6      7      8      9      10

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_