

**SURE Tool**

**Can we have your help?**

We are looking at how much information patients are given to make decisions.  
We would like to know how you feel about the decision we collectively made.

Can you please answer yes or no to the following 4 questions – by ticking the box in the table below?

Please do not put your name on the form.

Thank you for helping us.

Clinician's Name: \_\_\_\_\_ Date \_\_\_\_\_

		Yes(1)	No(0)
Sure of myself	Do you feel SURE about the best choice for you?		
Understanding information	Do you know the benefits and risks of each option?		
Risk – benefit ratio	Are you clear about which benefits and risks matter to you most?		
Encouragement	Do you have enough support and advice to make a choice?		
<b>Office Use only</b>	<b>TOTALS:</b>		