Thomas Jefferson University Decision Counseling Program®
Sample screen shots for the decision counseling process, including the
Decision Counseling Report for Breast Cancer Screening Study

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Division of Population Science

**Link Participant to Decision Condition/Domain**

In this decision making process, we are looking at your preference to have or not to have a mammogram.

Please enter the Participant ID: BCS Test102913

If this is a follow-up session, select the previous session here:

Select a Previous Session:

Selected Decision to be Made: Preference to or not to have a mammogram

Option 1: Have a mammogram

Option 2: Not to have a mammogram

The following are optional selections.

- [ ] Review Information with patient? View Information
- [ ] Checklist complete? View Checklist

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**Participant PRO Decision Factors**

What things are likely to influence you to have a mammogram?

1. **Decision Factor 1**
   
   Two sisters have breast cancer and I don't want to suffer like they did.

2. **Decision Factor 2**
   
   I am afraid of breast cancer.

3. **Decision Factor 3**

4. **Decision Factor 4**

5. **Decision Factor 5**
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Participant CON Decision Factors

What things are likely to influence you not to have a mammogram?

Decision Factor 1
I'm afraid it will hurt.

Decision Factor 2

Decision Factor 3

Decision Factor 4

Decision Factor 5

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Identify and Rank Top Decision Factors

What decision factors (up to three) are most likely to influence your decision about having or not having a mammogram?

Please prioritize as you make your selections from either column. The reason that influences you the most becomes number 1.

PROs

2 Two aunts have breast cancer and I don't want to suffer like they did.
1 I am afraid of breast cancer.

CONs

3 I'm afraid it will hurt.

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Confirm Top Decision Factors

Please confirm your factors are in the correct order.

1 Pro: I am afraid of breast cancer.
2 Pro: Two aunts have breast cancer and I don't want to suffer like they did.
3 Con: I'm afraid it will hurt.
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Enter Decision Factor Importance

I am afraid of breast cancer.
Importance: none a little some much very much overwhelming

Two aunts have breast cancer and I don’t want to suffer like they did.
Importance: none a little some much very much overwhelming

I’m afraid it will hurt.
Importance: none a little some much very much overwhelming

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Compare Decision Factor Importance

Please compare the level of importance of the factors as presented.

Please indicate how much more important I am afraid of breast cancer.

Two aunts have breast cancer and I don’t want to suffer like they did.

Please indicate how much more important Two aunts have breast cancer and I don’t want to suffer like they did.

Please indicate how much more important I’m afraid it will hurt.

Please indicate how much more important I am afraid of breast cancer.

Please indicate how much more important I’m afraid it will hurt.
Participant Demographics

First Name: Decision Counseling
Last Name: Sample
DOB: yyyy-mm-dd
Gender:
Race: Which of the following categories best describes your racial background?
Ethnicity: Are you of Spanish, Latino, or Hispanic descent?
Education: What is the highest level of education you have completed?
Marital Status:
Address 1:
Address 2:
City:
State:
Zipcode:
Telephone 1: xxx-xxx-xxxx
Telephone 2: xxx-xxx-xxxx
Email:

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Decision Counseling Report: Preference to or not to have a mammogram

Decision to be Made: Option 1: Have a mammogram or Option 2: Not to have a mammogram
Session results indicate that you prefer to have a mammogram.

Option 1: 0.884
Option 2: 0.412

Top Decision Factors and Direction of Influence:

Factor: I am afraid of breast cancer.
Direction: Con

Factor: Two aunts have breast cancer and I don't want to suffer like they did.
Direction: Pro

Factor: I'm afraid it will hurt.
Direction: Con

Comments:

I understand and agree with the Decision Counseling Report results shown above.
Participant ID: BCSTest102913
Participant First Name: 
Participant Last Name: 
Participant Signature: 
Date: 10/29/2013