

**Confidence Questionnaire** ID (Your initials/D.O.B.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Having used the MCA Web Assessment tool to conduct your assessment, please indicate how far you agree or disagree with each of the following statements by putting a mark on the line:

1. When carrying out the MCA assessment, it is inevitable that I made mistakes

Strongly Agree

Strongly Disagree

2. During the assessment, I correctly defined the specific decision that had to be made.

Strongly Agree

Strongly Disagree

3. I confidently identified an impairment or disturbance of the mind/ brain.

Strongly Disagree

Strongly Agree

4. I considered whether an impairment or disturbance of the mind/ brain is temporary or permanent.

Strongly Disagree

Strongly Agree

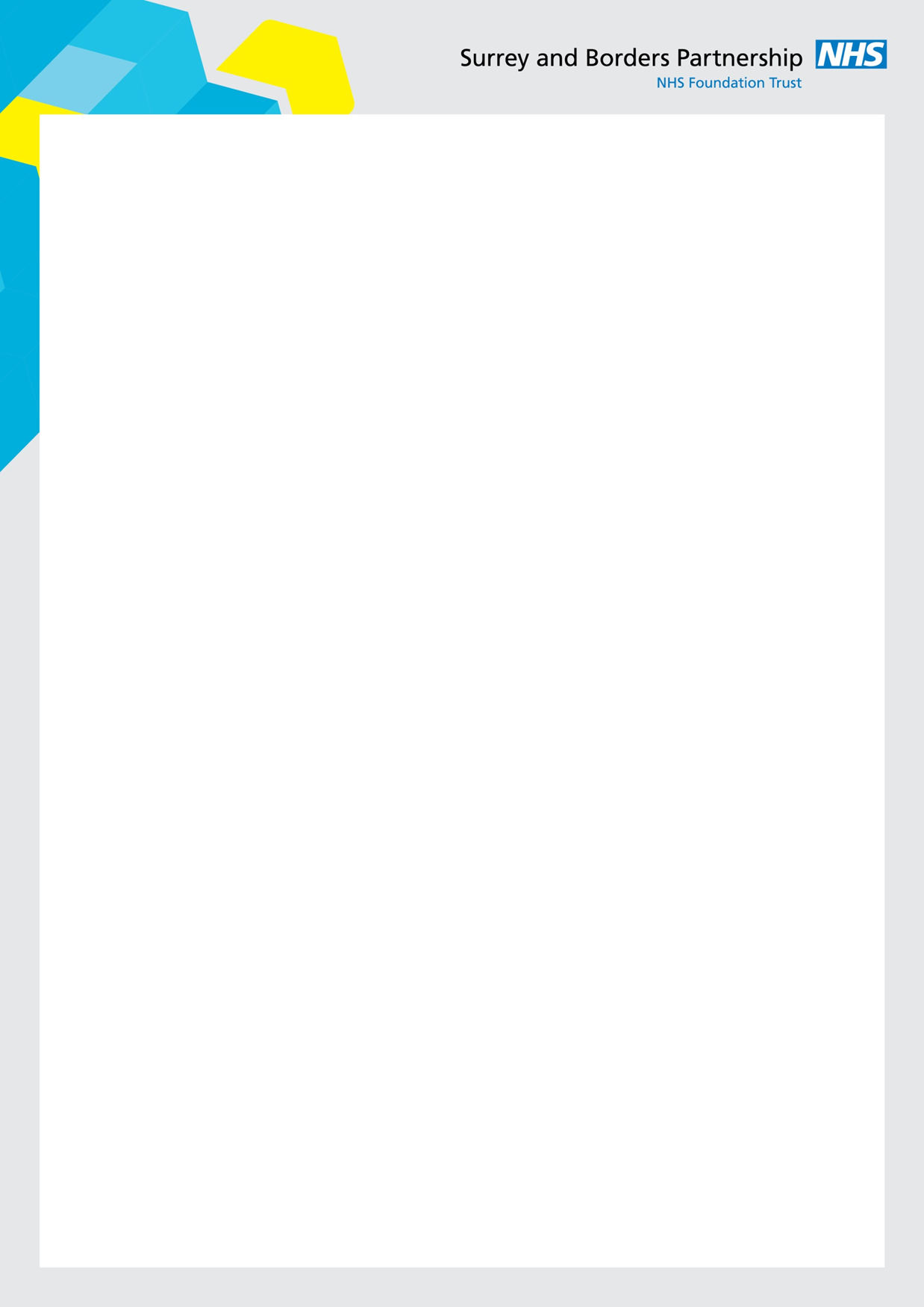
5. During the assessment, I worry that I may not have considered Personal and Environmental factors that may enhance or hinder capacity.

Strongly Agree

Strongly Disagree

PTO

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6. I am confident that I took the time to provide the person with information about the decision to be made.

Strongly Agree

Strongly Disagree

7. I worry that I didn’t take the time to check the person’s understanding of the decision at hand.

Strongly Agree

Strongly Disagree

8. I am confident that my judgement of the person’s capacity is accurate.

Strongly Agree

Strongly Disagree

9. I am confident that the assessment I carried out has followed the 5 principles\* of the MCA.

Strongly Agree

Strongly Disagree

\*5 principles:

1. Presumption of capacity until it is proven otherwise.
2. Must offer support to make the decision.
3. Presumed to have capacity when the decision seems unwise.
4. The best interest principle.
5. The least restrictive principle.

**Thank you for taking the time to fill out this questionnaire.**

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