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

This questionnaire aims to gather your thoughts around conducting a MCA assessment. If you have never conducted a MCA assessment before, please answer these questions by stating how you would feel about carrying one out.

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 an MCA assessment, it is inevitable that I will make mistakes.

Strongly Agree

Strongly Disagree

2. During an assessment, I can correctly define the specific decision that has to be made.

Strongly Disagree

Strongly Agree

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

Strongly Agree

Strongly Disagree

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

Strongly Agree

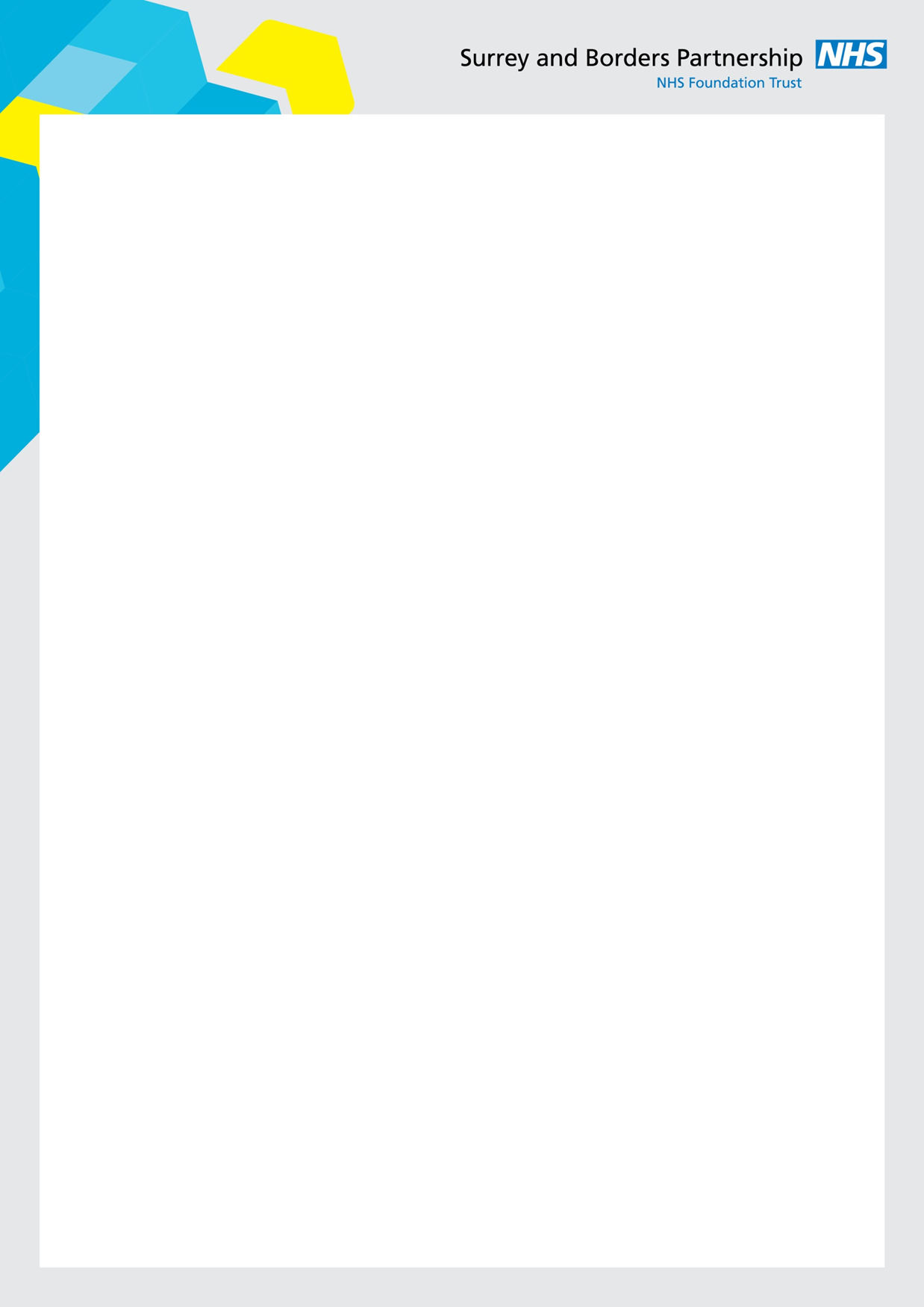
Strongly Disagree

5. During an assessment, I worry that I may not consider Personal and Environmental factors that may enhance or hinder capacity.

Strongly Disagree

Strongly Agree

Version 1.0 Date: 07/03/2016 IRAS ID: 226041



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

Strongly Disagree

Strongly Agree

7. I worry that I do not always take the time to check the person’s understanding of the decision at hand.

Strongly Disagree

Strongly Agree

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

Strongly Disagree

Strongly Agree

9. I am confident that the assessments I carry out have followed the 5 principles\* of the MCA.

Strongly Disagree

Strongly Agree

\*5 principles:

1. Presumption of capacity until it is proven otherwise.
2. Offering support to make the decision.
3. Presumption of capacity when the decision seems unwise.
4. Working in a person’s best interests.
5. Where possible, taking the least restrictive course of action.

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

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