



# Decision-Making Inventory

**Directions:** Record when, how, and what kind of decisions you make over the course of an activity or lesson. Try to notice both big and small decisions you make.

Write a check mark on a new line each time you make a decision	What type of decision is it? (check all that apply)	Who made the decision?	Who is or will be impacted by the outcome of the decision?	How did the decision-making feel? (e.g., automatic, easy, hard, complicated, emotional, frustrating, satisfying etc.)
	<input type="checkbox"/> Quick/In-the Moment <input type="checkbox"/> Slow/Deliberate	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	
	<input type="checkbox"/> Quick/In-the Moment <input type="checkbox"/> Slow/Deliberate	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	
	<input type="checkbox"/> Quick/In-the Moment <input type="checkbox"/> Slow/Deliberate	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	
	<input type="checkbox"/> Quick/In-the Moment <input type="checkbox"/> Slow/Deliberate	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	
	<input type="checkbox"/> Quick/In-the Moment <input type="checkbox"/> Slow/Deliberate	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	
	<input type="checkbox"/> Quick/In-the Moment <input type="checkbox"/> Slow/Deliberate	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	



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Write a check mark on a new line each time you make a decision	What type of decision is it? (check all that apply)	Who made the decision?	Who is or will be impacted by the outcome of the decision?	How did the decision-making feel? (e.g., unconscious, easy, hard, complicated, emotional, frustrating, satisfying etc.)
	<input type="checkbox"/> Quick/In-the Moment <input type="checkbox"/> Slow/Deliberate	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	
	<input type="checkbox"/> Quick/In-the Moment <input type="checkbox"/> Slow/Deliberate	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	
	<input type="checkbox"/> Quick/In-the Moment <input type="checkbox"/> Slow/Deliberate	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	
	<input type="checkbox"/> Quick/In-the Moment <input type="checkbox"/> Slow/Deliberate	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	
	<input type="checkbox"/> Quick/In-the Moment <input type="checkbox"/> Slow/Deliberate	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	
	<input type="checkbox"/> Quick/In-the Moment <input type="checkbox"/> Slow/Deliberate	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	
	<input type="checkbox"/> Quick/In-the Moment <input type="checkbox"/> Slow/Deliberate	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	<input type="checkbox"/> Self <input type="checkbox"/> Self and Others	