I want to know what is important to you in your health and life. Our conversation will help guide us – you and your health care team, and others involved, – in making health care decisions in the coming weeks/months/years.

# **Self Sufficiency**

*Is it important to you?*

|  |  |  |  |
| --- | --- | --- | --- |
| How important is it to you to take care of myself (e.g., bathing, dressing); not have to depend on others for help with daily life | Not at all | Somewhat | Very |

*Tell us more*

|  |  |
| --- | --- |
| How might your feelings about remaining independent affect decisions about your health care?  |  |

# **Connections**

**Connection to People**

*Is it important to you?*

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have family or friends who you feel close to? *(circle one)* | None | A few | Many |
| Who are the people who are most important in your life? |  |
| How close are you to these important people? *(circle one)* | Not at all | Somewhat | Very Close |

*Tell us more*

|  |  |
| --- | --- |
| In what way might your concerns about your relationships affect decisions you make about your health care? |  |

**Connections to God, a Higher Power, or your own Religion or Spiritual practice**

*Is it important to you?*

|  |  |  |  |
| --- | --- | --- | --- |
| What role does religion or spirituality play in your life? | None | Somewhat | A big role |
| Do you consider your religious or spiritual beliefs when you make an important healthcare decision?  | Not at all | Somewhat | Very |

*Tell us more*

|  |  |
| --- | --- |
| In what ways might your religious/ spiritual beliefs affect decisions you make about your health care? |  |

# **Comfort/ Enjoyment**

The next questions are about what is most important to you in your life, or what makes your life worth living. Please put an “X” for those things that are most important to your life or make your life worth living. If many things are important – please choose the top 3.

*What is important to you?*

|  |  |
| --- | --- |
| 1. Doing work, including job, housework, chores, or volunteering
 |  |
| 1. Playing sports, gardening, fishing, or other physical recreation or hobbies
 |  |
| 1. Doing quiet hobbies such as reading, watching TV, listening to music, knitting
 |  |
| 1. Attending events outside of my home (movies, concerts, parties, meetings)
 |  |
| 1. Spending time outdoors or in nature
 |  |
| 1. Doing things to improve myself, learn, or create
 |  |
| 1. Having physical touch in my life – hugs, kisses, with a partner or with family members
 |  |
| 1. Having a sex life – “romantic” or sexual kissing, touching, intercourse
 |  |
| 1. Providing financially for my loved ones
 |  |

# **Engagement in Care**

*What is important to you when you make an important healthcare decision?*

|  |  |  |  |
| --- | --- | --- | --- |
| How much input do you want from the doctor? | I want to make the decision myself | I want to make the decision together with my doctor | I want my doctor to make the decision entirely for me |
| How much input do you want from family (or close friend if no family)? | I want to make the decision myself | I want to make the decision together with my family | I want my family to make the decision entirely for me |

# **Balancing Quality and Length of Life**

|  |  |  |  |
| --- | --- | --- | --- |
| *How true is each statement for you?* The quality of my life is more important than how long I live. | Mostly or VeryFalse | Do Not Know | Mostly or VeryTrue |
| If I were very sick, I would like to do everything possible to prolong my life. | Mostly or VeryFalse | Do Not Know | Mostly or VeryTrue |

References

These questions were taken from:

Moye J, Karel MJ, Edelstein B, Hicken B, Armesto JC, Gurrera RJ. Assessment of capacity to consent to treatment: Challenges, the “ACCT” approach, future directions. Clinical Gerontologist 2007; 31: 37-66. PMID: PMC3074108

With additional input from these sources

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