

CONVERSATION STARTER KIT (CONDENSED)

NAME					DATE					
care be c serv and	. We devel hallenging e as a guid download	oped the Co discussions e to a conv the full ver	onversations. We enco ersation. Y sion of the	d to helping n Starter Kit urage you t ou may wisl Starter Kit n is so impon	to help you use this to to visit: the to the think to the	ou get starte sool to idens theconversa	ed with wha tify your va tionprojec	at we know lues. It can tinboulder.	can org	
When	should y	ou have	the conv	ersation?	•					
a chronic As you Now	one's health sone's health son serious illi or serious illi ou think about this son	etatus can cha ness. Every co out how you v entence: Who	nge suddenly nversation wi vant to live a at matters to	make sure your low the	rly important ved ones and vour life, wh nd of life is	to have the collyour care tea	onversation if m understan	you or a love d what matter 	d one has	
Select the	e I Stand number that tes about yo	t best represe	nts your wish	ies. (You can w	rite on the d	otted line belo	ow each scale	if you'd like to	o explain	
As a pati	ent, I'd like t	o know			If I had a terminal illness, I would prefer to					
1 2 Only the basics about my condition and my treatment		3	about n	5 Il the details by condition y treatment	1 Not know how quick is progres	,	3	4 5 Know my doctor's best estimation for how long I have to live		
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As docto	rs treat me,	l would like			How long do you want to receive medical care?					
\bigcirc 1	○ 2	○ 3	4	5	\bigcirc 1	2	○ 3	4	5	
My doctors what they is best				To have a say in every decision	Indefinitel how unco treatment			more ir	llity of life is nportant to an quantity	
• • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • •	• • • • • • • •	• • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	

What are your concerns about treatment?					How invo	olved do you	want your	loved ones to	be?	
\bigcirc 1	2	○ 3	4	5	\bigcirc 1	2	3	\bigcirc 4	5	
I'm worried that I won't get enough care			1	worried that I'll get overly gressive care	I want my loved ones to do exactly what I've said, even if it makes them a little uncomfortable			I want my loved ones to do what brings them peace, even if it goes against what I've said		
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What are y	our prefere	nces about	where you w	ant to be?	When it comes to sharing information					
\bigcirc 1	2	3	4	5	\bigcirc 1	2	○ 3	4	5	
I wouldn't mind spending my last days in a health care facility				end my last ays at home	I don't want my loved ones to know everything about my health			I am comfortable with those close to me knowing everything about my health		
••••		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •			• • • • • • • • • • • • • • • • • • • •	
? Do yo	u have any	particular c	oncerns (que	estions, fears)	about your l	nealth? Abou	t the last p	phase of your li	fe?	
to und	derstand ab	out your wi	shes and pre	ferences for	end-of-life ca	-	ls, family, a	and/or doctors		





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