_____ - _____
Site Number Enrollment Number

Advance Care Planning Team Process Improvement Project

Patient Survey

Date

___-_____-_____
DD MMM YYYY

_____ - _____
Site Number Enrollment Number

Section 1: Decisions About Your Health Care

1. Have you heard about Advance Care Planning?

❑Yes ❑No

Advance Care Planning is thinking about your future health care treatment decisions and what your wishes are for end of life care. It is also about talking with your close family, friends, and health care providers (like your doctor) so they know your thoughts and wishes if you are not able to speak and make decisions yourself. It also involves naming someone to make medical decisions for you if you are not able to speak for yourself.

2. Have you ever thought about what kinds of medical treatments you would want, or not want, if you were to get very sick and be in a hospital? By medical treatments we mean the use of cardiopulmonary resuscitation (CPR), breathing machines, dialysis, artificial nutrition, Intensive Care Unit (ICU) admission, etc.

❑ Yes ❑ No

If participant suggests association between ACP and physician-assisted death, please indicate that ACP is unrelated to PAD.

3. a) Have you talked with anyone about what medical treatments you would want, or not want if you were to get very sick and be in a hospital?

❑ Yes (continue to 3b) ❑ No (skip to 4a)

3. b) <u>If YES</u>, who did you talk with? Check (√) all that apply

Family
- ❑ Family Member

Family doctor office
- ❑ Office nurses or others
- ❑ GP/Family Doctor

Specialist Clinic (Out-patient clinic)
- ❑ Specialist clinic nurses or others
- ❑ Specialist doctor

Hospital
- ❑ Hospital nurses or others
- ❑ Hospital doctor during this hospitalization
- ❑ Hospital nurses or others during previous hospitalization
- ❑ Hospital doctor during previous hospitalization

Home
- ❑ GP/Family doctor
- ❑ Home/long-term care nurses or others

Other
- ❑ _____

Thinking about discussions you have had with your doctors or nurses (or other health care providers).

4. a) Has a health care provider ever discussed the following with you? Check (√) all that apply

- ❑ Asked you what was important to you as you consider health care decisions at this stage of your life (i.e. values, spiritual beliefs, other practices)
- ❑ Talked to you about a prognosis (life expectancy or predicted course of illness)
- ❑ Given you the opportunity to express your fears or discuss what concerns you
- ❑ Asked you what treatments you prefer to have or not have if you were to develop a life-threatening illness
- ❑ Asked you if you had prior discussions or written documents about Advance Care Planning
- ❑ None of the above

4. b) In general, how satisfied are you with the discussions you've had with your health care provider at_____ about advance care planning?

Current hospitalization/Clinic/Setting
- ❑ 5 – Very satisfied
- ❑ 4 – Satisfied
- ❑ 3 – Somewhat satisfied
- ❑ 2 – Not very satisfied
- ❑ 1 – Not at all satisfied

Previous hospitalization/Clinic/Setting
- ❑ 5 – Very satisfied
- ❑ 4 – Satisfied
- ❑ 3 – Somewhat satisfied
- ❑ 2 – Not very satisfied
- ❑ 1 – Not at all satisfied

If a previous conversation has NOT been had:

4. c) In general, how important is it for you to have discussions about Advance Care Planning?

- ❑ 5 – Very important
- ❑ 4 – Important
- ❑ 3 – Somewhat important
- ❑ 2 – Not very important
- ❑ 1 – Not at all important

5. a) Have you written down your wishes about the medical treatments you would want (or not want) in the event you are unable to speak for yourself? (For example, do you have a personal directive or living will or another written document?)

**** Please note we are not asking about legal financial documents like a will or power of attorney****

❑ yes ❑ no ❑ Unsure

5. b) Do you have a Green Sleeve?

❑ yes ❑ no ❑ Unsure

5. c) IF YES, where is it now?

- ❑ Don't know
- ❑ With me now
- ❑ On my fridge or in my chart at living facility
- ❑ Other location in my home _____
- ❑ Other location, not at home_____

5. d) Do you have a Goals of Care Designation order?

❑ Yes ❑ No ❑ Unsure

5. e) IF YES, to the best of your knowledge, what is your Goals of Care Designation order?

- ❑ Resuscitative care (R1,R2,R3)
- ❑ Medical care (M1 or M2)
- ❑ Comfort care (C1, C2, C3)
- ❑ Unsure

6. a) At this point in time, which treatment focus would you prefer? Please check (√) one.

❑	Resuscitative care: I want my life prolonged or preserved using any medical or surgical means including being treated in the intensive care unit and, if needed, having machines to aid my breathing, having doctors push on my chest or administer shocks to restart my heart, and all life-sustaining machines and treatments deemed appropriate by a doctor.
❑	Medical care: I want medical tests and interventions to be used to cure or manage an illness as well as possible, but I don't want resuscitation
❑	Comfort care: I want to be provided with comfort care to ease my symptoms without trying to control the underlying illness.
❑	Unsure

6. b) Considering the treatment option you prefer, please answer the following questions:

	Yes [0]	No [4]
1. Do you feel sure about the best choice for you?	❑	❑
2. Do you know the **benefits** and **risks** of each option?	❑	❑
3. Are you clear about which **benefits and risks** matter most to you?	❑	❑
4. Do you have enough support and advice to make a choice?	❑	❑

Section 2: Please tell us more about yourself

1. **Age**: _____ years

2. **Sex**: ❑Male ❑Female

3. **What is your current marital status?** (√) one

   ❑ Married or living as married
   ❑ Widowed
   ❑ Never married
   ❑ Divorced or separated; not remarried

4. **Where have you been living in the last month?** (√) one

   ❑ Home
   ❑ Retirement Residence
   ❑ Long-Term Care or Nursing Home or residential care
   ❑ Rehabilitation Facility
   ❑ Hospital
   ❑ Other (specify): _____

5. **Does a health care professional come to your home or residential setting to provide health care?**

   ❑Yes ❑No

6. **Which of the following best describes the highest level of education you have completed?**

   ❑ Did not complete secondary school or high school
   ❑ Completed secondary school or high school
   ❑ Had some university education or completed a community college, technical college or post-secondary program (for example, trade, technical or vocational school, CEGEP)
   ❑ Completed a bachelor's degree (for example, BA, BSc, BSN)
   ❑ Completed a graduate or professional degree (for example, MD, DDS, DMD, DVM, OD, PhD)

7. **Do you see yourself as:** (√) one

   ❑ Asian/Pacific Islander
   ❑ African/Black North American
   ❑ Caucasian/White
   ❑ East Indian
   ❑ Native Canadian
   ❑ Other (specify): _____