

b) When decisions need to be made about your healthcare, would you prefer to ...?

- Take your own decisions
- Decide with your doctor, according to his suggestions
- Do what your doctor says

c) What questions would you, or your loved ones, like to discuss with your doctor?

- Are my symptoms related to my condition?
- Will I need more pills?
- Is my illness considered life-threatening?
- Will I require any surgery or intervention?
- Will my condition affect my life expectancy?
- What else can be done for my condition?
- What should I expect, given my condition?
- Any other question : _____

3. YOUR VALUES AND LIFE PLAN

a) What gives meaning to your life? What values are most important to you ? (Pick a maximum of FOUR (4) choices or make some suggestions).

- 1. Being able to do things on my own
- 2. Being able to decide for myself
- 3. Being able to live in my home
- 4. Being able to sleep well
- 5. Being able to travel
- 6. Have enough energy/strength
- 7. Spending quality time with family and friends
- 8. Being able to drink and eat what I want
- 9. Being able to walk and get around
- 10. Live according to my religious and/or spiritual beliefs
- 11. Being able to work
- 12. Being able to participate in sports
- 13. Live as long as possible
- 14. Have a good quality of life
- 15. Other value : _____

b) Among the four (4) choices you have selected above, which TWO (2) are absolutely essential for you? (Write down the number indicated next to your choice)

- Choice number : _____
- Choice number : _____

4. YOUR CONCERNS

a) What worries you the most right now?

b) What scares you the most about how you may pass away?

c) If you were to think about the last few weeks of your life, what would be the most important for you?

Thank you! Your answers are very important to us. They will help us take the best decisions together.