

# Advance Care Planning via Group Visits (ACP-GV) Participant Worksheet

1. How knowledgeable are you about advance care planning? (Circle)

Not at all	A little bit	Moderately	Quite a bit	Extremely
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- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 2. I have thought about what I would want if I were hurt, injured or sick and could not communicate.                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I have thought about my treatment preferences if I could not communicate them during a mental health episode.                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I have talked with someone I trust to make health care decisions for me.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I have named someone to make health care decisions for me.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I have discussed these topics with someone on my health care team (such as a doctor, nurse or social worker).                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I have filled out an advance directive (also known as 'living will') to guide those I trust to make health care decisions for me. | <input type="checkbox"/> | <input type="checkbox"/> |

8. How much has your knowledge increased about advance care planning? (Circle)

Not at all	A little bit	Moderately	Quite a bit	Extremely
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9. If you are ready to take a next step:

Please write what your **next step** will be.

10. If you are ready to take a next step:

<b>WHEN</b> will you do this?	<b>WHO</b> will you do this with?
<b>HOW</b> will you do this?	<b>WHERE</b> will you do this?

11. How likely are you to take this next step? (Circle)

Definitely will not	Probably will not	Not sure	Probably will	Definitely will
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