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Site #		Physician#		Participant #

Audit of Communication, CarE Planning, and DocumenTation

The ACCEPT Study

For the Family Practice Patient

Date

____-____-____
DD MMM YYYY

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You are being asked to participate in a questionnaire. We are looking to understand your thoughts regarding the kinds of medical treatments that you'd like to receive in the event your physical health deteriorated. This questionnaire should take no more than 10 minutes of your time to complete. Participation in this questionnaire is completely voluntary. The answers to these questions will help us understand how we can improve the quality of patients' medical care in the event of a serious illness. Please read the questions carefully and follow the instructions to provide your answers.

There are no right or wrong answers. Your answers will not impact the care you will receive from your family physician or from the hospital in the event you are admitted.

Completely honest answers are most helpful!

If you do not wish to complete this questionnaire, please return the questionnaire to the receptionist.

If you have already completed this questionnaire at a previous appointment please do not complete it again. Kindly return the blank questionnaire to the receptionist.

If you have any questions or concerns about the study, please feel free to contact:

If you have questions about advance care planning, please contact your family physician for more information.

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

3. Think about *if* you were to get a serious, life-threatening illness at some time in your life. Please rate the importance of each issue below in thinking about the kinds of medical treatments you would or would not want

Please circle one answer for each question on a scale of 1 to 10 where 1 in 'not at all important' and 10 is 'very important.'												
	1	2	3	4	5	6	7	8	9	10	Very important	Unsure or Undecided
a) How important is it that I be comfortable and suffer as little as possible?	1	2	3	4	5	6	7	8	9	10	Very important	Unsure or Undecided
b) How important is it that I have more time in the future with my family?	1	2	3	4	5	6	7	8	9	10	Very important	Unsure or Undecided
c) How important is it that I live as long as possible?	1	2	3	4	5	6	7	8	9	10	Very important	Unsure or Undecided
d) How important is it that I avoid being attached to machines and tubes?	1	2	3	4	5	6	7	8	9	10	Very important	Unsure or Undecided
e) How important is it that my dying is not prolonged?	1	2	3	4	5	6	7	8	9	10	Very important	Unsure or Undecided
f) How important is a belief that nature should be allowed to take its course?	1	2	3	4	5	6	7	8	9	10	Very important	Unsure or Undecided
g) How important is the belief that life should be preserved?	1	2	3	4	5	6	7	8	9	10	Very important	Unsure or Undecided
h) How important is it that I respect the wishes of other family members regarding my care?	1	2	3	4	5	6	7	8	9	10	Very important	Unsure or Undecided
i) How important is it that I avoid hospitalization?	1	2	3	4	5	6	7	8	9	10	Very important	Unsure or Undecided

4. a) Have you talked with anyone about what medical treatments you would want or not want at the end of life?

- Yes (answer b and c)
- No (answer d)

4. b) If YES, with whom? Check (√) all that apply

- Family Doctor
- Other Doctor
- Nurse
- Social Worker
- Spiritual Care Worker
- Family Member(s)
- Surrogate Decision Maker
- Lawyer
- Other (specify): _____

4. c) Who brought up the discussion?

- I brought it up
- A doctor brought it up
- A family member brought it up
- A lawyer brought it up
- Other (specify): _____

4. d) If NO, why haven't you talked with someone?

- Did not know about advance care planning
- Did not see this as necessary
- I tend to leave medical decisions to my physician
- I think my family will know what to do
- Other (specify): _____

5. How comfortable are you talking to your family doctor about medical treatment options concerning the end of your life?

- Very Uncomfortable
- Quite Uncomfortable
- Neutral (neither uncomfortable nor comfortable)
- Quite Comfortable
- Very Comfortable

6. What is the one thing that makes it very hard for you to talk to your family doctor about medical treatments at the end of life?

7. How comfortable are you talking to your family members about medical treatment options concerning the end of your life?

- Very Uncomfortable
- Quite Uncomfortable
- Neutral (neither uncomfortable nor comfortable)
- Quite Comfortable
- Very Comfortable

8. What is the one thing that makes it very hard for you to talk to your family members about medical treatments at the end of life?

Many people have gone to a lawyer and completed a power of attorney for financial and property matters, or a last will and testament. The following questions pertain to planning you have done as it relates to your future health care only and not financial matters.

9. 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 an advance directive or living will or another written document?)

- Yes No Unsure

9. b) Have you named someone, in writing, to be your substitute decision maker for medical treatment decisions? (eg. Power of Attorney for Person Care, Personal Directive, Representation Agreement)

- Yes No

10. At this point in time, if life supports were needed to keep you alive, which option would you prefer for your care? Please check (✓) one.

-
- Use machines and all possible measures including resuscitation (CPR) with a focus on keeping me alive at all costs.
-
- Use machines and all possible measures with a focus on keeping me alive but if my heart stops, no resuscitation.
-
- Use machines only in the short term to see if I will get better but if the illness is prolonged, change focus to comfort measures only. If my heart stops, no resuscitation (CPR).
-
- Use full medical care to prolong my life but if my heart or my breathing stops, no resuscitation (CPR) or breathing machines.
-
- Use comfort measures only with a focus on improving my quality of life and comfort. Allow natural death and no artificial prolongation of life and no resuscitation.
-
- Unsure
-

Section 2: Tell us more about yourself

11. **Age:** _____ years

12. **Sex:** Male Female

13. **In general, how would you rate your health?**

Excellent Very Good Good Fair Poor

14. **In general, how would you rate your overall quality of life?**

Excellent Very Good Good Fair Poor

15. **What is your current marital status?** (✓) one

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

16. **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): _____

17. **Do you live alone?**

Yes No

18. **Is the location of your residence** (✓) one

Rural Urban









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

Yes No

- 20. 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)
- 21. How important is spirituality or religion in your life? (√) one**
- Extremely important
 - Very important
 - Somewhat important
 - Not very important
 - Not at all important
 - Don't know
- 22. Do you identify with a formal religious group or practice? (√) one**
- Protestant (includes Anglican, Baptist, United, Methodist)
 - Catholic
 - Jewish
 - Muslim
 - Sikh
 - Other (specify): _____
 - None
- 23. Do you see yourself as: (√) one**
- Asian/Pacific Islander
 - African/Black North American
 - Caucasian/White
 - East Indian
 - Native Canadian
 - Other (specify): _____
- 24. Besides English or French, do you speak another language on a daily basis?**
- Yes, specify: _____
 - No

Section 3: Please refer to the table below.

Please consider your overall condition 2 weeks prior to the clinic visit. How fit or frail were you at that time? Check only ONE response only.
(If you have trouble deciding between two options, choose the **higher functioning level**.)

(✓)		Description
<input type="checkbox"/>		Very Fit (category 1) People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.
<input type="checkbox"/>		Well (category 2) No active disease symptoms but less fit than people in category 1. Often, they exercise or are very active occasionally , e.g. seasonally. <i>Well</i> older adults share most attributes of the very fit, except for regular, vigorous exercise. Like them, some may complain of memory symptoms, but without objective deficits.
<input type="checkbox"/>		Managing Well (category 3) Medical problems are well controlled, but people in this category are not regularly active beyond routine walking. Those with treated medical problems who exercise are classed in categories 1 or 2.
<input type="checkbox"/>		Vulnerable (category 4) Not dependent on others for daily help, but often symptoms limit activities . A common complaint is being “slowed up” and/ or being tired during the day . Many people in this category rate their health as no better than “fair”. Memory problems, if present, can begin to affect function (e.g. having to look up familiar recipes, misplacing documents) but usually do not meet dementia criteria. Families often note some withdrawal – e.g. needing encouragement to go to social activities.
<input type="checkbox"/>		Mildly Frail (category 5) More evident slowing and individuals need help in “high” activities of daily living (finances, transportation, heavy housework, medications). Mildly frail people might have difficulty with shopping or walking outside alone, meal preparation, and housework. Often, they will have several illnesses and take multiple medications. This category includes people with mild dementia . Their common symptoms include forgetting the details of a recent event, even though they remember the event itself, asking the same question, or telling the same story several times a day and social withdrawal.
<input type="checkbox"/>		Moderately Frail (category 6) Individuals need help with all outside activities and with keeping house . Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing. If a memory problem causes the dependency, often recent memory will be very impaired, even though they seemingly can remember their past life events well.
<input type="checkbox"/>		Severely Frail (category 7) Completely dependent on others for all or most personal activities of daily living, such as dressing and feeding.
<input type="checkbox"/>		Very Severely Frail (category 8) Completely dependent, approaching the end of life. Typically, people in this category could not recover from even a minor illness.

You have reached the end of the questionnaire.