

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:

WHEN will you do this?	WHO will you do this with?
HOW will you do this?	WHERE 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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