

CONVERSATION STARTER KIT SUMMARY SHEET

NAME					DATE					
for wit hav to r	end-of-life h your lov ve the con record you	e care. We ed ones a versation, ir wishes,	develope bout your you can u and share	dedicated d the Con or their- use this Co them wit	versation —wishes f nversatio h your do	Starter K for end-of- n Starter l ctor or oth	it to help ·life care. Kit Summ	After you ary Sheet	es	
When	should v	ou have	the conv	ersation?						
Even if yo	ou're in good l one's health s	nealth, it's still status can cha	important to	make sure yo v. It's particula	ur loved one	to have the co	onversation if	m, know your f you or a love id what mattei	d one has	
(For e		able to recognize		o me at the e			eing able to say	goodbye to the c	ones I love.)	
			nts your wish	es. (You can w	rite on the d	otted line belo	ow each scale	if you'd like to	o explain	
or add no	otes about yo	ur answer.)								
As a pati	ient, I'd like t	o know			If I had a terminal illness, I would prefer to					
\bigcirc 1	2	○ 3	4	5	\bigcirc 1	2	○ 3	4	○ 5	
Only the basics about my condition and my treatment		All the details about my condition and my treatment		Not know how quickly it is progressing			estimat	Know my doctor's best estimation for how long I have to live		
As doctors treat me, I would like					How long do you want to receive medical care?					
\bigcirc 1	○ 2	3	4	5	\bigcirc 1	2	○ 3	4	O 5	
My doctors to do What they think is best To have a say in every decision			Indefinitely, no matter Quality of life is how uncomfortable more important to treatments are me than quantity				mportant to			
				• • • • • • • • • • • • • • • • • • • •	•••••					

What are y	What are your concerns about treatment?					lved do you v	vant your	loved ones to l	be?	
1 2 3 I'm worried that I won't get enough care		3	4 5 I'm worried that I'll get overly aggressive care		1 2 I want my loved ones to do exactly what I've said, even if it makes them a little uncomfortable		3			
What are your preferences about where you want to be?					When it comes to sharing information					
spending my	ouldn't mind I wan lending my last days a health care facility			4 5 ant to spend my last days at home		1 2 I don't want my loved ones to know everything about my health		J am comfortable we those close to me known everything about my he		
a "hea medic	alth care pro al decisions	oxy." Check (with your sta	ite about hov	v to grant thi		legal autho	ority to make	fe?	
to und	derstand abo	out your wis	shes and pre	ferences for e	end-of-life ca	-	s, family, a	and/or doctors		
3										





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