



**What are your concerns about treatment?**

1     2     3     4     5

I'm worried that I won't get enough care

I'm worried that I'll get overly aggressive care

**How involved do you want your loved ones to be?**

1     2     3     4     5

I want my loved ones to do exactly what I've said, even if it makes them a little uncomfortable

I want my loved ones to do what brings them peace, even if it goes against what I've said

**What are your preferences about where you want to be?**

1     2     3     4     5

I wouldn't mind spending my last days in a health care facility

I want to spend my last days at home

**When it comes to sharing information...**

1     2     3     4     5

I don't want my loved ones to know everything about my health

I am comfortable with those close to me knowing everything about my health

**? Who would you want to make decisions on your behalf if you're not able to? (This person is called a Medical Durable Power of Attorney (MDPOA), or Agent, in the State of Colorado. More information is available at: <https://coloradocareplanning.org>)**

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**? Do you have any particular concerns (questions, fears) about your health? About the last phase of your life?**

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**? What do you feel are the three most important things that you want your friends, family, and/or doctors to understand about your wishes and preferences for end-of-life care?**

1. 

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2. 

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3. 

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