

## Online Appendix for:

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# Jumpstart Guide: A UW Medicine Program

**Your patient has a chronic illness and may benefit from a goals of care conversation.**

The PHI below is CONFIDENTIAL. Consider speaking with the patient's family if the patient is unable. It is OK to share this guide with other clinicians.

## Your patient: John Doe, MRN: H1234567

Code Status	Full code	10/15/2019
Advance directive	YES	12/15/2018
DPOA health care	YES	10/20/2018
POLST	NO	

- 1. Give yourself 5-10 minutes.** The conversation does not have to be long.
- 2. Introduce the talk as a routine part of care.** Some patients are reluctant—don't start with death or CPR.

"I want to know what's important to you so that we provide the best care to fit your goals. Is that OK?"

- 3. Pick the best topics for your patient.** You don't have to do them all.

### Topics

### Words to try

Understanding

"What have other doctors told you about how serious your illness is and what to expect?"

Acceptable states

"What abilities are so important to you that you can't imagine living without them?"

Values

"If you were to get sicker, what would be most important to you?"

- 4. Document a short note** A brief summary and a quote (a few of the patient's or their family member's words) are enough. Your colleagues will appreciate it.

# Jumpstart Guide: A UW Medicine Program

**Your patient has a chronic illness and may benefit from a goals of care conversation.**

The PHI below is CONFIDENTIAL. Consider speaking with the patient's family if the patient is unable. It is OK to share this guide with other clinicians.

**Your patient: John Doe, MRN: H1234567**

Code Status	Full code	10/15/2019
Advance directive	YES	12/15/2018
DPOA health care	YES	10/20/2018
POLST	NO	

- 1. Give yourself 5-10 minutes.** The conversation does not have to be long.
- 2. Your patient completed a survey about their goals and preferences.** Pick the best topics for your patient based on their responses. You don't have to do them all.
- 3. Document a short note.** A brief summary and a quote (a few of the patient's words) are enough. Your colleagues will appreciate it.

## From your patient's survey:

- They did not indicate if they want to talk about goals of care.
- Your patient reported a barrier to talking about their goals: they have a living will and think this means they don't need to talk with their doctor about goals of care.
- They did not indicate how they perceive the current focus of care, and they are unsure of their preferences.
- They did not indicate if they want CPR in current health and did not indicate if they would want CPR if in a state of dependence for ADLs.

## Words to try:

"You mentioned in your survey that now may not be the best time to talk about the care you would want if you got sicker. These conversations can be difficult, but could you tell me more about why you don't want to talk about it now?"

"Although it is hard to know which doctors will be there if you get very sick, it is still helpful for us to talk about it. I will document our conversation in your chart to ensure other doctors also know what is important to you in the future."

"Some people prefer care focused on extending life as much as possible; other people prefer care focused on quality of life and comfort. Would it be helpful for me to clarify how I see the focus of your care?"

"You said you currently would want to receive CPR if your heart were to stop beating and you were to die, but NOT if you were to get much sicker and be dependent on others. Is that correct? [if yes] After CPR, what quality of life would you find acceptable?"

# Jumpstart Guide: A UW Medicine Program

Your doctor is interested in hearing your thoughts about your medical care and what is important to you. You can show this guide to your doctor to help start a conversation.

**We encourage you to bring up two important topics:**

1. The care you would want if something more serious were to happen *now*.
2. The care you would want if something more serious were to happen *in the future*.

**Here is information from your survey. PATIENT NAME, you said:**

- You were not sure if you prefer medical care focused on living as long as possible or being as comfortable as possible.
- You did not provide a response regarding what you perceive is the current focus of the medical care you're receiving.
- You did not provide a response about whether, in your current health state, you would want CPR if your heart were to stop beating and you were to die.
- You did not provide a response about whether, if you were to be permanently confined to bed and dependent on others, you would want CPR if your heart were to stop beating and you were to die.

**Here's language you can use to start a conversation with your doctor:**

- "Can we talk about medical care focused on being as comfortable as possible compared to medical care focused on living as long as possible? I'm not sure which focus I prefer."
- "Is my current medical care more focused on living as long as possible or being as comfortable as possible? Can we talk about whether that is the right focus for me?"
- "I don't think I would want CPR. Can we talk about that? Should I complete a POLST form or advance directive?"
- "I don't think I would want CPR in the future if I were dependent on others for the rest of my life. Can we talk about that?"

**Thank you for using the Jumpstart Guide. We hope this information is helpful.**

# Jumpstart Guide: A UW Medicine Program

Your family member's doctor here at the hospital is interested in hearing what is most important to **PATIENT NAME** regarding their medical care. Thank you for being their advocate. You can show this guide to the doctor to help start a conversation.

## We encourage you to bring up two important topics with the doctor:

1. The care your family member would want if something more serious were to happen *now*.
2. The care your family member would want if something more serious were to happen *in the future*.

## Here is information from your survey. **SURROGATE NAME**, you said:

- You were not sure if your family member prefers medical care focused on living as long as possible or being as comfortable as possible.
- You did not provide a response regarding what you perceive is the current focus of the medical care your family member is receiving.
- You did not provide a response about whether, in your family member's current health state, they would want CPR if their heart were to stop beating and they were to die.
- You did not provide a response about whether, if your family member were to be permanently confined to bed and dependent on others, they would want CPR if their heart were to stop beating and they were to die.

## Here's language you can use to start a conversation with the doctor:

- "Can we talk about medical care focused on being as comfortable as possible compared to medical care focused on living as long as possible? I'm not sure which focus my family member prefers."
- "Is my family member's current medical care more focused on living as long as possible or being as comfortable as possible? Can we talk about whether that is the right focus for them?"
- "I don't think my family member would want CPR. Can we talk about that? Should we complete a POLST form?"
- "I don't think my family member would want CPR in the future if they were dependent on others for the rest of their life. Can we talk about that?"

**Thank you for using the Jumpstart Guide. We hope this information is helpful.**

## Baseline Survey Part 1 (all study arms)



A Project to Improve  
Communication About  
Serious Illness

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Thank you for participating in our study to improve communication among doctors, their patients, and patients' families. By improving communication we hope we will help patients receive the care they want.

The questions in this booklet ask you about a number of topics. Some are about discussions you may have had with your doctors, some are about your feelings, and others ask for general information about you so that we might understand more about the people who are participating in this study.

Because many people will be answering these questions, some questions may not apply to you. Please feel free to skip any questions that you do not want to answer or that you feel do not apply to you. Also, some of the questions may seem quite similar. Because we are using questions from different instruments (survey tools), this happens occasionally. We appreciate your patience going through all the questions, even if they seem similar.

All of your answers are confidential.

If you have questions, a member of our research staff would be glad to answer them. We may be reached in our study office: (206) 537-6246.

Thank you very much. We appreciate your participation.

Please fill in today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

## ABOUT YOU

To begin, we would like to ask a few questions about you. These questions help us describe the people who are participating in the study.

**1. What is your current marital status? (Mark one box)**

- 0  Single or never married
- 1  Married or living with partner
- 2  Divorced or separated
- 3  Widowed

**2. How much education have you completed? (Mark one box)**

- 0  8th grade or less
- 1  Some high school
- 2  High school diploma or GED
- 3  Some college or trade school
- 4  4-year college degree (for example, BA or BS)
- 5  Some graduate school
- 6  Graduate degree (for example, MA, MS, PhD, MD)

*Continue to next page.*

**3. Which race(s) do you belong to? (Mark ALL that apply)**

- 1  Asian
- 1  Black or African-American
- 1  Native American / Alaska Native
- 1  Native Hawaiian / Samoan / Pacific Islander
- 1  White
- 1  Other: please specify \_\_\_\_\_

**4. What is your ethnicity? (Mark one box)**

- 1  Hispanic / Latino
- 0  Non-Hispanic / Non-Latino

**5. In general, would you say your health has been: (Mark one box)**

- 0  Excellent
- 1  Very good
- 2  Good
- 3  Fair
- 4  Poor

*Continue to next page.*



Over the LAST WEEK, how often have you been bothered by the following problems?

	Not at all	Several Days	Most Days	Nearly Every Day
6. Feeling nervous, anxious or on edge	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
7. Not being able to stop or control worrying	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
8. Feeling down, depressed, or hopeless	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
9. Little interest or pleasure in doing things	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

10. Without giving exact dollar amounts, how would you describe your household's financial situation right now? (Mark one box)

- 0  I have difficulty paying the bills no matter what I do
- 1  I have enough money to pay the bills, but only because I have cut back on things
- 2  I have enough money to pay the bills, but little spare money to buy extra or special things
- 3  After paying the bills, I still have enough money for special things that I want

Continue to next page.

## YOUR FEELINGS

Mark the box of the answer that best describes how you have been feeling during the LAST WEEK.  
Don't think too long over your replies; your immediate answer is best.

**1. I feel tense or 'wound up':**

- 3  Most of the time  
2  A lot of the time  
1  From time to time, occasionally  
0  Not at all

**2. I still enjoy the things I used to enjoy:**

- 0  Definitely as much  
1  Not quite so much  
2  Only a little  
3  Hardly at all

**3. I get a sort of frightened feeling as if something awful is about to happen:**

- 3  Very definitely and quite badly  
2  Yes, but not too badly  
1  A little, but it doesn't worry me  
0  Not at all

*Continue to next page.*

**4. I can laugh and see the funny side of things:**

- 0  As much as I always could
- 1  Not quite so much now
- 2  Definitely not so much now
- 3  Not at all

**5. Worrying thoughts go through my mind:**

- 3  A great deal of the time
- 2  A lot of the time
- 1  From time to time, but not too often
- 0  Only occasionally

**6. I feel cheerful:**

- 3  Not at all
- 2  Not often
- 1  Sometimes
- 0  Most of the time

**7. I can sit at ease and feel relaxed:**

- 0  Definitely
- 1  Usually
- 2  Not often
- 3  Not at all

**8. I feel as if I am slowed down:**

- 3  Nearly all the time
- 2  Very often
- 1  Sometimes
- 0  Not at all

**9. I get a sort of frightened feeling like 'butterflies' in the stomach:**

- 0  Not at all
- 1  Occasionally
- 2  Quite Often
- 3  Very Often

**10. I have lost interest in my appearance:**

- 3  Definitely
- 2  I don't take as much care as I should
- 1  I may not take quite as much care
- 0  I take just as much care as ever

**11. I feel restless as if I have to be on the move:**

- 3  Very much indeed
- 2  Quite a lot
- 1  Not very much
- 0  Not at all

**12. I look forward with enjoyment to things:**

- 0  As much as I ever did
- 1  Rather less than I used to
- 2  Definitely less than I used to
- 3  Hardly at all

**13. I get sudden feelings of panic:**

- 3  Very often indeed
- 2  Quite often
- 1  Not very often
- 0  Not at all

**14. I can enjoy a good book or radio or TV program:**

- 0  Often
- 1  Sometimes
- 2  Not often
- 3  Very seldom

*Continue to next page.*

## TALKING ABOUT HEALTH CARE

These questions are about discussions you have had with your doctors concerning the medical care you would want if you were too sick to speak for yourself. These discussions might include whether you would want to receive care such as ICU care, CPR or breathing machines, a nursing home, or hospice care.

- 1. BEFORE this hospitalization, have you ever discussed with a doctor the kind of medical care you would want if you were too sick to speak for yourself? (Mark one box)**

1  Yes

0  No

9  I don't know

- 2. DURING this hospitalization, have you discussed with any of your doctors the kind of medical care you would want if you were too sick to speak for yourself? (Mark one box)**

1  Yes

0  No

9  I don't know

Thank you for taking time to complete this survey.

If you have any comments, please feel free to add them to the space below, or call (206) 537-6246 to talk with our study team. Thank you again for your help.

Additional comments (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**STOP HERE.**

The research coordinator will let you know if you need to complete any remaining items in the questionnaire.



# Baseline Survey Part 2 (Bi-directional Jumpstart arm)

## CHOOSING CARE

We are interested in the kind of care you prefer and the kind of care you are now receiving.

1. If you had to make a choice at this time, would you prefer a plan of medical care that focuses on extending life, even if it means having more pain and discomfort, or would you want a plan of medical care that focuses on relieving your pain and discomfort as much as possible, even if that means not living as long? (Mark one box)

- 0  Extending life, even if it means having more pain and discomfort  
1  Relieving pain and discomfort as much as possible, even if that means not living as long  
9  I'm not sure which I would choose

2. Using those same categories, which of the following best describes the focus of the medical care you are currently receiving? (Mark one box)

- 0  Extending life, even if it means having more pain and discomfort  
1  Relieving pain and discomfort as much as possible, even if that means not living as long  
9  I don't know, not sure

3. Do you think that your current medical care is in line with your goals? (Mark one box)

- 0  Not at all  
1  Mostly not  
2  Somewhat  
3  Mostly  
4  Completely

4. Have you ever thought about what kinds of life-sustaining treatments you would want, or not want, if you got a lot sicker? (Mark one box)

- 1  Yes  
0  No

These next questions are about your preferences about CPR, a procedure that is administered if a person's heart stops. CPR, or cardiopulmonary resuscitation, consists of electric shocks to the heart, pumping on the chest, and help with breathing. It is important to realize that, for most people, CPR doesn't work and they do not survive the attempt of CPR.

5. In your current health, would you want CPR if your heart were to stop beating? (Mark one box)

- 0  Definitely No
- 1  Probably No
- 2  Probably Yes
- 3  Definitely Yes

6. If you were permanently confined to bed and dependent on others for all your care, would you want CPR if your heart were to stop? (Mark one box)

- 0  Definitely No
- 1  Probably No
- 2  Probably Yes
- 3  Definitely Yes

7. Would you like to have a discussion with any of your hospital doctors about the medical care you would want if you became too sick to speak for yourself? (This discussion might include whether you would want to receive care such as ICU care, CPR or breathing machines, a nursing home, or hospice care.)

- 1  Yes
- 0  No
- 9  I don't know

## TALKING ABOUT CARE: WHAT MAKES TALKING HARDER?

Which, if any, of the following reasons might make it hard for you to talk with any of your doctors about care you would choose if you were too sick to speak for yourself?

Barriers	Yes, this applies to me (True)	No, this does not apply to me (False)
1. I don't know what kind of care I would want if I were too sick to speak for myself.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2. I'm not ready to talk about the care I would want if I were too sick to speak for myself.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3. I don't like to talk about getting very sick.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
4. My doctor never seems to have the time to talk about issues like end-of- life care.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
5. I would rather concentrate on staying alive than talk about death.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
6. I feel that talking about death can bring death closer.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
7. I have a living will, and that means I don't need to talk with my doctor about the care I would want if I were too sick to speak for myself.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
8. I'm not sure which doctor would be taking care of me if I were too sick to speak for myself.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
9. My ideas about the kind of medical care I want change at different times.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
10. I have <u>not</u> felt sick enough to talk with my doctor about end-of-life care.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
11. If any of these reasons apply to you, which ONE is the <u>main reason</u> that it is hard to talk with your doctor about care you might choose if you were too sick to speak for yourself? <i>Please fill in the number of that item in this box.</i>		

**TALKING ABOUT CARE: WHAT MAKES TALKING EASIER?**

People also have reasons for wanting to talk about care they might choose if they were to become too sick to speak for themselves. Which, if any, of the following reasons might make you *want* to discuss care choices with any of your doctors?

Facilitators	Yes, this applies to me (True)	No, this does not apply to me (False)
1. I <u>have</u> been very sick in the past, so it is easier to talk about.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
2. I have had family or friends who have died, so it is easier to talk about.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
3. I worry about the quality of my life in the future.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
4. I worry I could be a burden on my friends and family if I were to become too sick to speak for myself.	1 <input type="checkbox"/>	0 <input type="checkbox"/>
5. If any of these reasons apply to you, which ONE is the <u>main reason</u> that it is easier to talk with your doctor about care you might choose? <i>Please fill in the number of that item in this box.</i>		

Thank you for taking time to complete this survey.  
 If you have any comments, please feel free to add them to the space below, or call (206) 537-6246 to talk with our study team. Thank you again for your help.

Additional comments (optional): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Timepoint 2 Survey for All Arms



# Jumpstart

A Project to Improve  
Communication About  
Serious Illness

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Thank you for your continuing participation in our study to improve communication among doctors, their patients, and patients' families. As you may recall, we hope that by improving communication we will help patients receive the care they want.

Like the questionnaire that you completed a few days ago, this survey has questions about your experiences in the hospital, your preferences for care and your overall health. Some of these are ones that you may have answered before.

Because many people will be answering these questions, some questions may not apply to you. Please feel free to skip any questions that you do not want to answer or that you feel do not apply to you. All your answers are confidential.

If you have questions or need assistance to complete this survey, a member of our research staff would be glad to help you. We may be reached at our study office: (206) 537-6246.

Thank you very much. We appreciate your participation.

Please fill in today's date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

## TALKING ABOUT HEALTH CARE

These questions are about discussions you have had with your doctors concerning the medical care you would want if you were too sick to speak for yourself. These discussions might include whether you would want to receive care such as ICU care, CPR or breathing machines, a nursing home, or hospice care. **YOU ENROLLED IN OUR STUDY ON \_\_\_\_\_** (while you were in the hospital), and we are particularly interested in discussions you have had **SINCE THAT TIME.**

**1. SINCE JOINING OUR STUDY, have you discussed with any of your doctors the kind of medical care you would want if you were too sick to speak for yourself?** *(Mark one box)*

- 1  Yes
- 0  No → *Go to question 2*
- 9  I don't know → *Go to question 2*

→ **1b. To what extent did these discussions with the doctor meet your needs for information about your medical care?** *(Mark one box)*

- 0  None of my needs were met
- 1  A few of my needs were met
- 2  Many of my needs were met
- 3  Most of my needs were met
- 4  All of my needs were met

**2. Would you like to have a discussion or additional discussions of this type with one of your doctors?** *(Mark one box)*

- 1  Yes
- 0  No
- 9  I don't know

Whether or not you have had discussions of this type with your doctors, how much effort was made by your doctors and other members of your healthcare team to:

**3. Help you understand your health issues? (Mark one box)**

- 0  No effort was made
- 1  A little effort was made
- 2  Some effort was made
- 3  A lot of effort was made
- 4  Every effort was made

**4. Listen to the things that matter most to you about your health issues? (Mark one box)**

- 0  No effort was made
- 1  A little effort was made
- 2  Some effort was made
- 3  A lot of effort was made
- 4  Every effort was made

**5. Include what matters most to you in choosing what to do next? (Mark one box)**

- 0  No effort was made
- 1  A little effort was made
- 2  Some effort was made
- 3  A lot of effort was made
- 4  Every effort was made

## CHOOSING CARE

We are interested in the kind of care you prefer and the kind of care you are now receiving.

1. If you had to make a choice at this time, would you prefer a plan of medical care that focuses on extending life, even if it means having more pain and discomfort, or would you want a plan of medical care that focuses on relieving your pain and discomfort as much as possible, even if that means not living as long? (Mark one box)

- 0  Extending life, even if it means having more pain and discomfort  
1  Relieving pain and discomfort as much as possible, even if that means not living as long  
9  I'm not sure which I would choose

2. Using those same categories, which of the following best describes the focus of the medical care you are currently receiving? (Mark one box)

- 0  Extending life, even if it means having more pain and discomfort  
1  Relieving pain and discomfort as much as possible, even if that means not living as long  
9  I don't know, not sure

3. Do you think that your current medical care is in line with your goals? (Mark one box)

- 0  Not at all  
1  Mostly not  
2  Somewhat  
3  Mostly  
4  Completely

4. Have you ever thought about what kinds of life-sustaining treatments you would want, or not want, if you got a lot sicker? (Mark one box)

- 1  Yes  
0  No



These questions are about CPR, or cardiopulmonary resuscitation, a procedure that is administered if a person's heart stops. CPR consists of electric shocks to the heart, pumping on the chest, and help with breathing. It is important to realize that, for most people, CPR doesn't work.

5. In your current health, would you want CPR if your heart were to stop beating? (Mark one box)

0  Definitely No

1  Probably No

2  Probably Yes

3  Definitely Yes

6. If you were permanently confined to bed and dependent on others for all your care, would you want CPR if your heart were to stop? (Mark one box)

0  Definitely No

1  Probably No

2  Probably Yes

3  Definitely Yes

*Continue to next page.*

## HOW WELL DID THE DOCTOR TALK TO YOU?

We know that many people think very highly of their doctors. To help us improve communication between doctors and patients, please be critical. If you cannot rate your doctor on a question because he or she has not done it, please select, "My doctor has not done this." You may also indicate, "I do not know."

Thinking of ONE of your doctors caring for you SINCE you enrolled in our study on \_\_\_\_\_, how good was he or she at: (mark one box for each item)

	The very worst I could imagine	The very best I could imagine	<i>My doctor has not done this</i>	<i>I do not know</i>									
	0	1	2	3	4	5	6	7	8	9	10	888	999
<b>1. Talking with you about your <u>feelings</u> concerning the possibility that you might get sicker?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Talking with you about the <u>details</u> concerning the possibility that you might get sicker?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Involving you in the decisions about the treatments that you want if you get too sick to speak for yourself?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Asking about the things in life that are important to you?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. How much do you agree or disagree with the following statement:**

**“The discussions I had with my doctor covered all of the important topics that needed to be discussed.”** *(Mark one box)*

- 1  Strongly disagree
- 2  Disagree
- 3  Neither agree nor disagree
- 4  Agree
- 5  Strongly agree
- 888  Does not apply to me; no discussion with the doctor occurred

**6. How satisfied are you with the quality of the conversations your doctor had with you?**

*(Mark one box)*

- 1  Extremely dissatisfied
- 2  Dissatisfied
- 3  Neither satisfied nor dissatisfied
- 4  Satisfied
- 5  Extremely satisfied
- 888  Does not apply to me; no discussion with the doctor occurred

*Continue to next page.*

**7. How would you rate the overall helpfulness of your discussions with your doctor? (Mark one box)**

- 1  Poor (several needed topics were not covered or were covered poorly)
- 2  Fair
- 3  Good
- 4  Very good
- 5  Outstanding (couldn't have been better)
- 888  Does not apply to me; no discussion with the doctor occurred

**8. What overall rating would you give the discussions you had with your doctor? (Mark one box)**

- 1  Poor (several needed topics were not covered or were covered poorly)
- 2  Fair
- 3  Good
- 4  Very good
- 5  Outstanding (couldn't have been better)
- 888  Does not apply to me; no discussion with the doctor(s) occurred

*Continue to next page.*

## YOUR HEALTH NOW

1. In general, would you say your health is: *(Mark one box)*

- 0  Excellent
- 1  Very good
- 2  Good
- 3  Fair
- 4  Poor

2. How much of a burden on you was it to complete this questionnaire, on a scale where 0 means "no burden at all" and 10 means "a very great burden"? *(Mark one box)*

No burden at all										A very great burden
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking time to complete this survey.

If you have any comments, please feel free to add them to the space below, or call (206) 537-6246 to talk with our study team. Thank you again for your help.

Additional comments (optional): \_\_\_\_\_

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