PERSON SURVEY

Study ID number
Study site
Date form completed ___ /___ /___

Section 1: About you	
1. I am completing this survey:	☐ On my own without help from someone else ☐ With help from someone else (e.g. friend/relative, staff member). Please specify who_____
2. I am:	☐ Male ☐ Female ☐ Other (please specify)_____
3. My age is:	
4. I was born in:	☐ Australia ☐ Other country (please specify) _____
5. I am:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Neither ☐ Prefer not to answer
6. The language I speak at home is:	
7. My ethnicity is:	

8. How important is your religion to you?	☐ Very important ☐ Important ☐ Somewhat important ☐ Not important ☐ Prefer not to answer
9. What is your current relationship status?	☐ Married/de facto/in a relationship ☐ Single ☐ Divorced or separated ☐ Widowed
10. What is your highest level of education?	☐ No formal schooling ☐ Primary school (Highest year completed) ☐ Secondary or High school (Highest year completed) ☐ Trade school or Apprenticeship ☐ Diploma ☐ University degree
11. Who do you live with?	☐ Husband/wife/partner ☐ Children ☐ Brother/sister ☐ Other family ☐ Friends ☐ I live alone

Section 2: About your health

Under each heading, please tick the ONE box that best describes your health TODAY.

12. Mobility	☐ I have no problems in walking about

	☐ I have slight problems in walking about ☐ I have moderate problems in walking about ☐ I have severe problems in walking about ☐ I am unable to walk about
13. Usual Activities *(e.g. work, study, housework, family or leisure activities)*	☐ I have no problems doing my usual activities ☐ I have slight problems doing my usual activities ☐ I have moderate problems doing my usual activities ☐ I have severe problems doing my usual activities ☐ I am unable to do my usual activities
14. Self-Care	☐ I have no problems washing or dressing myself ☐ I have slight problems washing or dressing myself ☐ I have moderate problems washing or dressing myself ☐ I have severe problems washing or dressing myself ☐ I am unable to wash or dress myself
15. Pain/discomfort	☐ I have no pain or discomfort ☐ I have slight pain or discomfort ☐ I have moderate pain or discomfort ☐ I have severe pain or discomfort ☐ I have extreme pain or discomfort
16. Anxiety/depression	☐ I am not anxious or depressed ☐ I am slightly anxious or depressed ☐ I am moderately anxious or depressed ☐ I am severely anxious or depressed ☐ I am extremely anxious or depressed

Section 3: Your understanding and experience of advance care planning *ADVANCE CARE PLANNING is the opportunity for people to tell their family, friends and doctors ahead of time, what they would want if they became seriously ill and could no longer speak for themselves. Ideally they would talk to their family, friends and doctors. It is also a good idea to write it down.*	
17. Have you ever heard about advance care planning?	☐ Yes, I have heard of advance care planning ☐ Yes, I have an advance care plan or advance care directive ☐ No, I haven't heard of advance care planning before
18. Thinking about advance care planning in general terms, which of the following statements most closely applies to you?	☐ I am not interested in advance care planning ☐ I am thinking about advance care planning ☐ I am planning on doing advance care planning ☐ I have spoken to someone (e.g. my family/friends/carer/doctor) about advance care planning ☐ I have written my preferences in an advance care plan/advance care directive/other document ☐ I have written my preferences in an advance care plan / advance care directive / other document and I review my advance care plan from time to time
19. Who would you trust to make medical decisions for you if you were too unwell to do so for yourself? (please tick all that apply)	☐ Husband/wife/ partner ☐ Children ☐ Brother/sister ☐ Other family ☐ Friend ☐ Doctor ☐ Other (please specify) ☐ I can't decide ☐ No-one

	☐ I have not thought about that yet
20. What things would **worry you most** about your future? (please tick all that apply)	☐ Not being able to look after myself ☐ Being in pain/distressed ☐ Not being able to get out of bed ☐ Not being able to make decisions for myself ☐ Relying on others ☐ Being a burden on my family/ friends/carers ☐ Not being able to talk to my family/ friends/carers ☐ Being admitted to hospital ☐ Wanting to live as long as possible ☐ Wanting to get well ☐ Other (please specify) _____
21. Thinking about your future, if you became really unwell or unconscious, and couldn't tell the doctors what you want, which sentence reflects best how you feel?	☐ I want to live for as long as possible ☐ I want to live as long as possible but only if my acceptable outcomes and preferences for care are likely ☐ I would not want any treatment that was to prolong my life, I would want to receive comfort care ☐ I would not want to make this decision myself. The person I would want to make this decision for me is my_____

Section 4: Telling others about your advance care plans	
22. Have you ever talked to anyone about your goals, values, beliefs or your preferences about specific	☐ Yes ☐ No (If No, go to **Question 24**) ☐ I cannot remember (If you cannot remember, go to **Question 24**)

medical treatment in case you become seriously ill or unable to make your own decisions?	If YES, who did you talk to? ☐ Husband/wife/partner ☐ Children ☐ Brother/sister ☐ Other family ☐ Friend ☐ Doctor ☐ Other (please specify) _____ ☐ I have not thought about that yet
23. Have you ever written down your goals, values, and beliefs or your preferences about specific medical treatment in case you become seriously ill or unable to make your own decisions?	☐ Yes ☐ No (If No go to **Question 25**) ☐ I cannot remember (If you cannot remember go to **Question 25**)
	If YES, how long ago did you do this? _____ In what type of document did you write this? _____ Where is this document kept? _____
24. Have you ever signed a legal document to appoint someone to make healthcare decisions on your behalf if you were unable to make your own decisions?	☐ Yes ☐ No (If No go to **Question26**) ☐ I cannot remember (If you cannot remember go to **Question 26**)
	If YES how long ago did you sign this document? _____ What type of document did you sign? _____ Where is this document kept? _____
25. Any other comments regarding your experiences with advance care planning	