

**Supplemental Material for:**

**Trends in Advance Care Planning and End-of-Life Care among Persons Living with Dementia Requiring Surrogate Decision-Making**

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**Supplementary Text S1. Survey questions used to collect data about variables of interest**

<b>Variable</b>	<b>Survey Question to Proxy</b>
Required decision-making at the end of life	“Did any decisions have to be made about the care and treatment of [First Name] during the final days of [his/her] life?”
Decision-making capacity at the end of life	“Was [First Name] able to participate in decisions about [his/her] medical care during the final days of [his/her] life?”
Receipt of life-prolonging treatment	“Did those last decisions involve a desire to give all care possible unconditionally in order to prolong life?”
Certain treatments limited or withheld	“Did those last decisions involve limiting care in certain situations?” “Did those last decisions involve withholding any treatment?”
Receipt of comfort care	“Did those last decisions rest largely on keeping [First Name] comfortable and pain free without taking extensive measures to prolong life?”
Written instructions of end-of-life care	“Did [First Name] provide written instructions about the treatment or care [he/she] wanted to receive during the final days of [his/her] life?”
Assignment of durable power of attorney for healthcare (DPOAH)	“Did [First Name] (also) make any legal arrangements for a specific person or persons to make decisions about [his/her] care or medical treatment if [he/she] could not make those decisions [himself/herself]? This is sometimes called a Durable Power of Attorney for Health Care.”
Engaged in discussions about end-of-life care preferences	“Did [First Name] ever discuss with you or anyone else the treatment or care [he/she] wanted to receive in the final days of [his/her] life?”

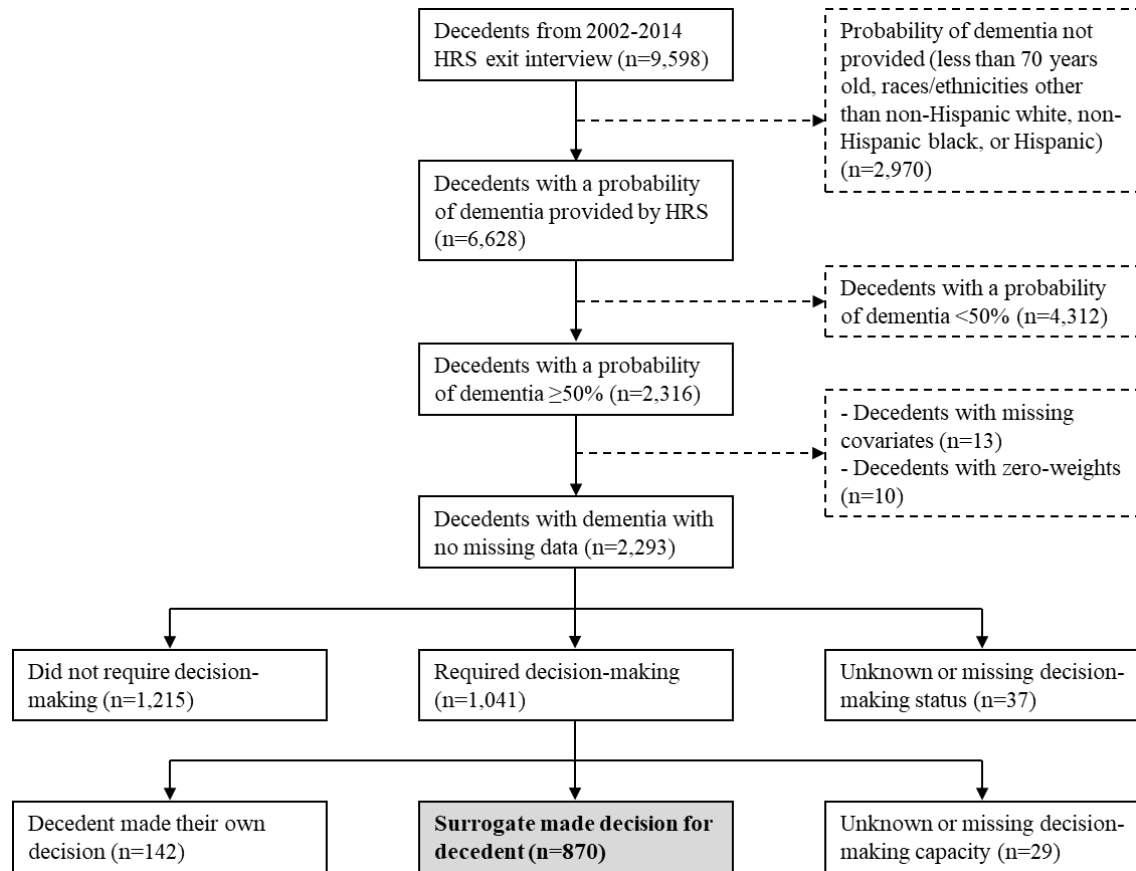
**Note.** Respondents were given the following choices: Yes, No, Don’t know, Refused, or Inapplicable.

**Supplementary Table S1. Estimations of trends in life-prolonging treatments by ACP completion status**

<b>Outcomes</b>	<b>Adjusted Percentage Point Change per Year (95% CI)</b>	<b>P-Value</b>	<b>P-for-Interaction</b>
Had written EOL care instructions	1.4 (0.5, 2.3)	0.004	0.55
No written EOL care instructions	1.3 (0.1, 2.5)	0.04	
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Assigned DPOAH	1.3 (0.2, 2.3)	0.02	0.65
No DPOAH	1.2 (-0.3, 2.7)	0.11	
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Engaged in EOL care discussions	1.0 (0.1, 1.9)	0.02	0.75
No EOL care discussions	1.3 (-0.2, 2.8)	0.08	
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Completed of all three types of ACP	0.8 (-0.2, 1.8)	0.10	0.41
No or some ACP completion	1.5 (0.4, 2.5)	0.007	

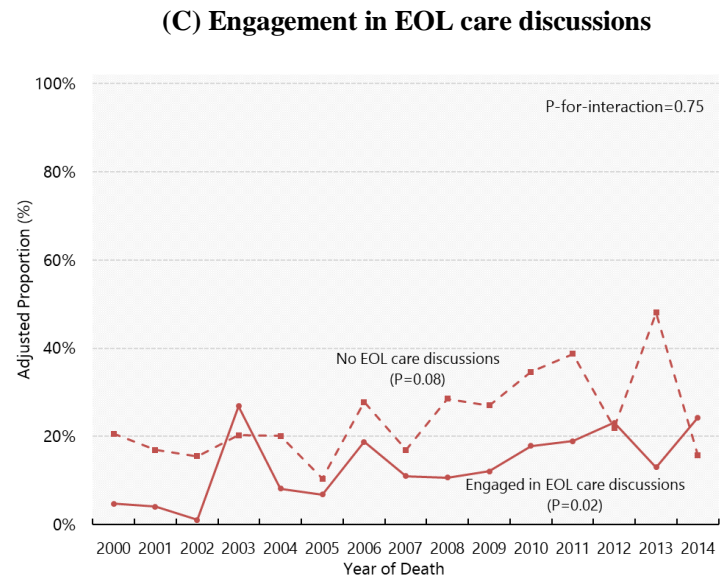
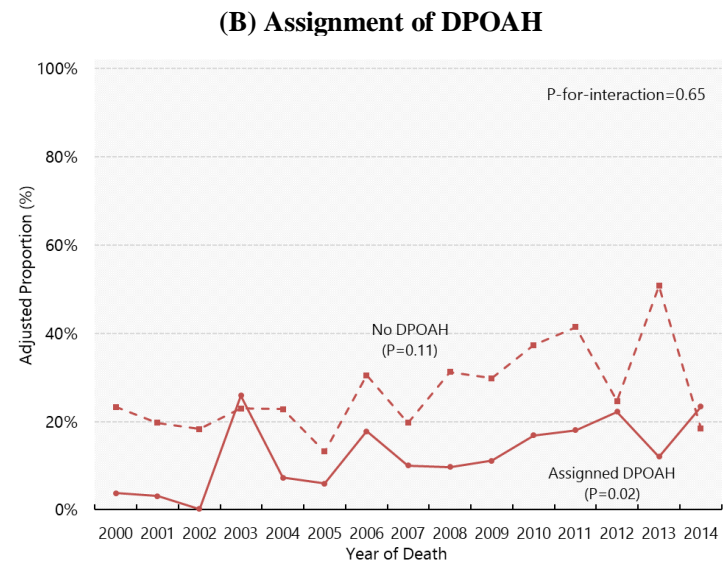
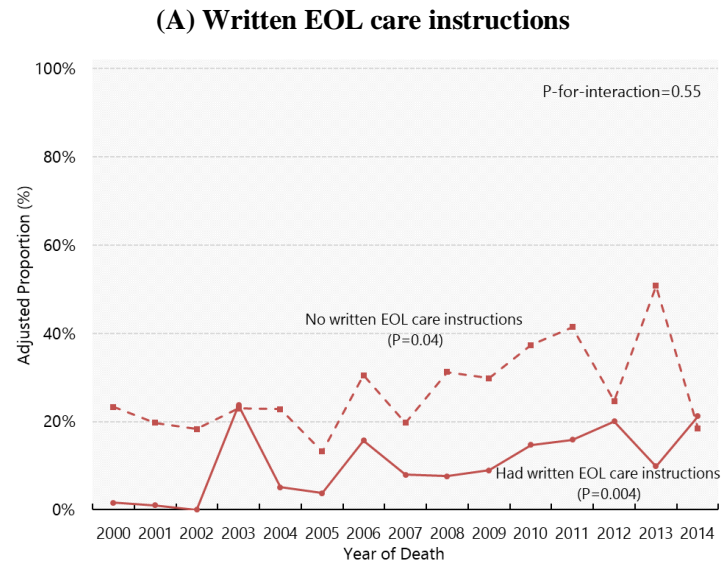
**Notes:** The regression models were adjusted for age, sex, race, marital status, education attainment, wealth categorized in quartiles, living in a nursing home, Medicaid coverage, dummy variables for each of the seven comorbidities, functional limitation score, geographic location of death. P-for-interaction indicates whether the trends differ by ACP completion status of interest. Abbreviations: ACP, advance care planning; DPOAH, Durable Power of Attorney for Healthcare; EOL, end-of-life.

**Supplementary Figure S1. Flow chart of a study population**



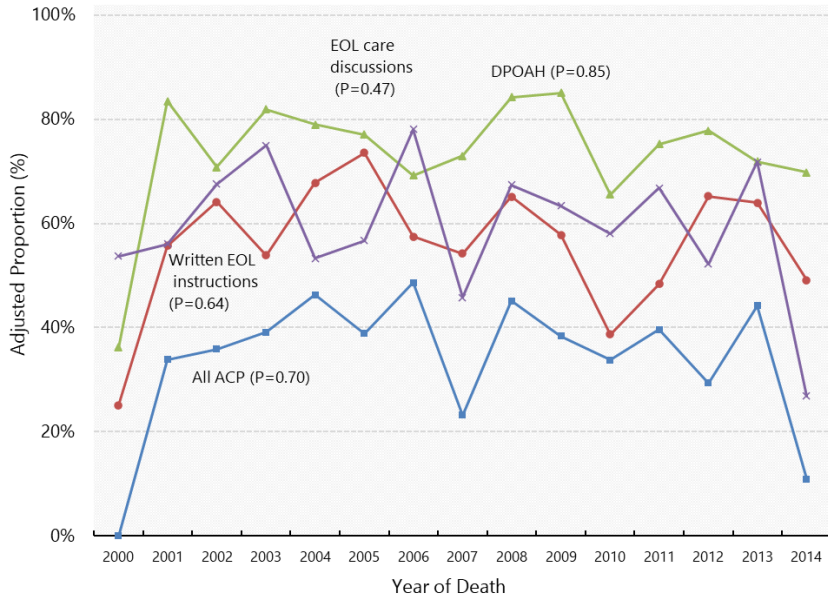
**Note.** Abbreviation: HRS, Health and Retirement Study.

**Supplementary Figure S2. Adjusted yearly proportions of life-prolonging treatments by advance care planning completion status**



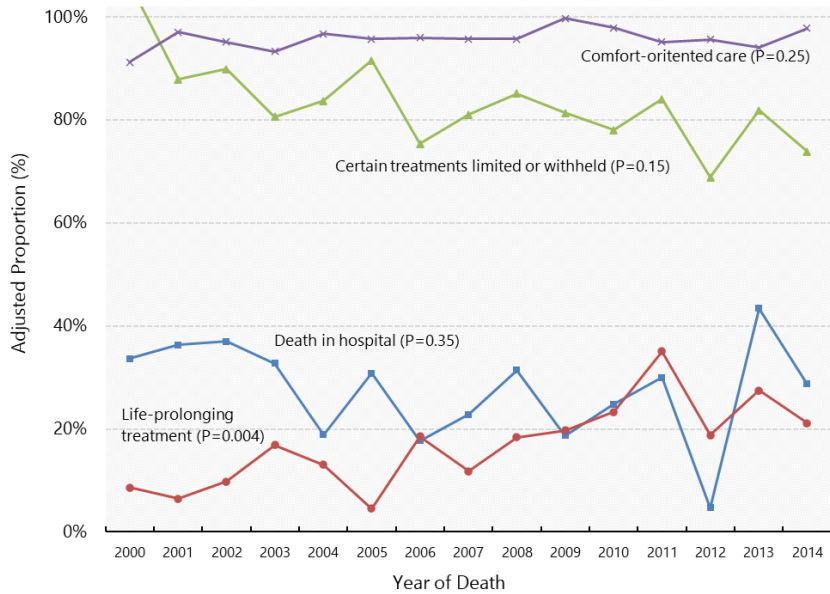
**Notes:** See notes for Figure 3 in the main text. Abbreviations: DPOAH, Durable Power of Attorney for Healthcare; EOL, end-of-life.

**Supplementary Figure S3. Adjusted yearly proportions of advance care planning completion (excluding those with a functional limitation score of 0)**



**Notes:** See notes for Figure 1 in the main text. Abbreviations: DPOAH, Durable Power of Attorney for Healthcare; EOL, end-of-life.

**Supplementary Figure S4. Adjusted yearly proportions of end-of-life care measures (excluding those with a functional limitation score of 0)**



**Notes:** See notes for Figure 2 in the main text.