

CONVERSATION STARTER KIT SUMMARY SHEET

NAME					DATE					
for witl hav to r	end-of-life h your lov e the con	e care. We ed ones al versation, r wishes,	develope bout your- you can u and share	d the Con —or their- se this Co them wit	versation —wishes f nversatio h your do	g people to Starter K for end-of- n Starter I ctor or oth	it to help ·life care Kit Summ	After you ary Sheet	es	
When	should y	ou have t	the conv	ersation?	•					
since any	one's health s	tatus can cha	nge suddenly	. It's particula	rly important	to have the co	onversation if	m, know your v you or a loved d what matters	d one has	
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			my children; bei	ing in the hospit	al with excellent	nursing care; be	eing able to say	goodbye to the or	nes I love.)	
	Stand			0/				:6		
	e number that otes about you	•	nts your wish	es. (You can w	rite on the di	otted line belo	ow each scale	if you'd like to	explain	
As a patient, I'd like to know					If I had a terminal illness, I would prefer to					
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 Know my doctor's best how quickly it estimation for how is progressing 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	○ 5	
My doctors to do To have a what they think say in every decision			Indefinitely, no matter Quality of life in how uncomfortable more important to treatments are me than quantity				portant to			
• • • • • • • •			• • • • • • • • • • • • •		• • • • • • •					

What are your concerns about treatment?					How involved do you want your loved ones to be?					
\bigcirc 1	2	○ 3	4	5	\bigcirc 1	2	○ 3	4	5	
I'm worrie	d		I'm worried that			loved ones to		I want my loved ones		
	that I won't get I'll get overly							what brings them		
enough care			agg	ressive care	little uncomfortable			peace, even if it goes against what I've said		
								<u> </u>		
• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
What are your preferences about where you want to be?					When it comes to sharing information					
\bigcirc 1	2	○ 3	4	5	\bigcirc 1	2	○ 3	4	5	
I wouldn't mind			I want to spend my last		I don't war	nt my loved		I am comfortable with		
spending my last days			da	ays at home		ow everything		those close to me knowing		
in a health care facility					about my health			everything about my health		
		• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	•••••	• • • • • • • • • • • • • • • • • • • •				
\M\bc	s would vou v	vant to mak	o docicions o	n vour bobal	f if vou're no	t abla to2 (Thi	c norcon i	s often called		
	-			-	-		-	ority to make		
		-	with your sta	ate about nov	w to grant th	is person the	iegai auti	iority to make		
med	lical decision	s for you.)								
? Do y	ou have any	particular c	oncerns (que	stions, fears)	about your	health? Abou	t the last _l	ohase of your li	fe?	
_ Wha	at do vou feel	are the thre	e most imno	ortant things	that you wai	nt vour friend	s family	and/or doctors		
	nderstand ak						s, raining,	ana/or doctors	'	
		, , , , , , , , , , , , , , , , , , , ,								
1										
2.										
3										





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