



# PREPARE™

## for your care

# PREPARE Question Guide

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**PREPARE is a program to help you:**

- Have a voice in YOUR medical care
- Talk with your doctors
- Give your family and friends peace of mind

**Step 1: Choose a Medical Decision Maker**

**Step 2: Decide What Matters Most in Life**

**Step 3: Choose Flexibility for Your Decision Maker**

**Step 4: Tell Others About Your Wishes**

**Step 5: Ask Doctors the Right Questions**

**Name:**

For more information visit: [www.prepareforyourcare.org](http://www.prepareforyourcare.org)

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# Step 1

## Choose a Medical Decision Maker

Your medical decision maker can make health care decisions for you if you are too sick to make them yourself.

**1. Can you think of ANY family or friends who MAY be able to make medical decisions for you if you become too sick to make your own decisions?**

Yes or Maybe

Write down the person's name: \_\_\_\_\_

No

If you want, you can write why you chose this person or persons.

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**2. Do you prefer you family and friends make medical decisions for you as a group?**

Yes

No

If so, who do you want to include in the group?

Remember, your medical decision maker will remain the spokesperson and have the final say.

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Your Name: \_\_\_\_\_

### 3. Is there anyone you would NOT want to make medical decisions for you?

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### 4. When do you want someone to make medical decisions for you?

- A. You **ONLY** want someone to make medical decisions for you if you become too sick to make your own decisions.
- B. You want someone else to make medical decisions for you now, **EVEN** if you can make your own decisions.
- C. You are not sure.

If you want, you can write why you feel this way.

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Your Name: \_\_\_\_\_

# Step 2

## Decide What Matters Most in Life

**These 5 questions will help you decide what matters most in your life and for your medical care.** Knowing what is most important in life can help you decide on the medical care that is right for you.

### 1. What is most important in your life?

Check as many as you want.

- Your family or friends
- Your pets
- Hobbies, such as gardening, hiking and cooking
- Working or volunteering
- Caring for yourself and being independent
- Not being a burden on your family
- Religion or spirituality
- Something else: \_\_\_\_\_

If you want, you can write why you feel this way.

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## What brings your life joy?

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## What are you most looking forward to in life?

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## 2. What experience have you had with serious illness?

Questions to think about:

- Have you had your own experience with serious illness?
- Do you remember someone close to you who was very sick or dying?
- Do you remember seeing someone on TV who was very sick or dying?

Think about what went well, what did not go well, and why.

If you were in these situations, what would you want for yourself?

You may change your mind about how you feel over time.

If you want, you can write why you feel this way.

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# What Matters Most in Life?

Quality of life differs for each person.

For some people, the main goal is to be kept alive as long as possible even if:

- They have to be kept alive on machines and are suffering
- They are too sick to talk to their family and friends

For other people, the main goal is to focus on quality of life and being comfortable.

- These people would prefer a natural death, and not be kept alive on machines

Other people are somewhere in between. **What is important to you?**

Your goals may differ today in your current health than at the end of life.

## 3. TODAY, IN YOUR CURRENT HEALTH

**Put an X along this line** to show how you feel TODAY, in your CURRENT HEALTH about your quality of life and goals for medical care.

My main goal is to live as long as possible, no matter what.

Equally Important

My main goal is to focus on quality of life and being comfortable.

I am not sure

If you want, you can write why you feel this way.

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## 4. What else should your medical decision maker and medical care team know about you?

For example:

- Do you have religious or spiritual beliefs that guide your medical care?
  - If you get memory loss or dementia, what would be important to you?
  - If you drive and you need to stop for your safety, what would be important to you?
  - If you could no longer take care of yourself at home, what would be important to you?
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## 5a. If you were in the hospital or very ill, who could help pay your rent or bills?

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## 5b. Do you have pets?

Yes

No

## Who could take care of your pets?

\*Note: To give this person legal power to help with these things, you need to write this in other legal forms. See [PlanforClarity.org](https://www.planforclarity.org).

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## 6. AT THE END OF LIFE

**Put an X along this line** to show how you feel about your quality of life and goals for medical care at the **END OF LIFE**:

My main goal is to live as long as possible, no matter what.

Equally Important

My main goal is to focus on quality of life and being comfortable.

I am not sure

If you want, you can write why you feel this way.

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## 7. At the end of life, which of these things would be **VERY** hard on your quality of life?

**Check the things below** that would make you want to focus on comfort rather than trying to live as long as possible.

- Being in a coma and not able to wake up or talk to my family and friends
- Not being able to live without being hooked up to machines
- Not being able to think for myself, such as dementia
- Not being able to feed, bathe, or take care of myself
- Not being able to live on my own, such as in a nursing home
- Having constant, severe pain or discomfort
- Something else: \_\_\_\_\_
- OR**, you are willing to live through all of these things for a chance of living longer.

If you want, you can write why you feel this way.

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## How do you balance quality of life with medical care?

Sometimes illness and the treatments used to try to help people live longer can cause pain, side effects, and the inability to care for yourself.

**AT THE END OF LIFE**, some people are willing to live through a lot for a chance of living longer. Other people know that certain things would be very hard on their quality of life.

Life support treatment can be CPR, a breathing machine, feeding tubes, dialysis, or transfusions.

\*\*How well these treatments work will depend on your health and your age.

\*\*Ask your medical care team, “What will my Quality of Life be like after these treatments?”

### 8. If you were so sick that you may die soon, what would you prefer?

- A. **Try all** life support treatments. **Stay on them** even if they do not work and there is little hope of getting better or living a life you value.
- B. **Try** life support treatments, **but stop** if there is little hope of getting better or living a life you value.
- C. Focus on being **comfortable**. You would prefer to have a **natural death**.
- You are not sure.

**What else should your medical providers and medical decision maker know about this choice? Or why did you choose this option?**

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**9. Are there treatments you know that you would NOT want (like CPR, dialysis, or a feeding tube)?**

Yes

No

Why do you feel this way?

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**10. If you were at the end of life, where would you want to be?**

At home

In the hospital

Either

You are not sure

**11. What else would be important at the end of life, such as food, music, pets, religion or spirituality, or people you want around you?**

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## 12. Have you made funeral or burial arrangements? A will?

Yes

No

If so, where are these forms? What would be important to you?

\*Note: Wills are other legal forms. See [PlanforClarity.org](https://www.planforclarity.org).

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**\*\*Note: You may change your mind about what is important to you over time.**

Make sure to tell your medical decision maker and your medical care team if you do change your mind.

# Step 3

## Choose How Much Flexibility to Give Your Medical Decision Maker

Flexibility gives your decision maker leeway to work with your doctors and possibly change your prior medical decisions if something else is better for you at that time.

### 1. How much flexibility do you want to give your decision maker?

- TOTAL FLEXIBILITY:** It is OK for my decision maker to change any of my medical decisions if the doctors think it is best for me at that time.
- SOME FLEXIBILITY:** It is OK for my decision maker to change some of my medical decisions if the doctors think it is best. But, some decisions I NEVER want changed, even if the doctors recommend it.
- NO FLEXIBILITY:** My decision maker must follow all of my medical wishes exactly, no matter what. It is NOT OK to change my decisions, even if the doctors recommend it.
- I am not sure.

If you want, you can write why you feel this way.

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## Step 4 Tell Others About Your Wishes

You may have other close family and friends in your life who are **NOT** your decision maker.

### 1. Do you have close family or friends that may have opinions about your medical care if you were to become sick?

These people may have strong opinions about your medical care. Their opinions may differ from what you or your decision maker want.

Yes or Maybe

No

### 2. Who have you talked to about your wishes for medical care?

You can mark as many as you want, or no one yet.

My medical decision maker

My doctor

My family and friends

Someone else: \_\_\_\_\_

No one yet

Your Name: \_\_\_\_\_

# Step 5

## Ask Doctors the Right Questions

How do you prefer to make medical decisions?

### 1. How do you prefer to make medical decisions with your doctors and medical providers?

- I prefer to make all my medical decisions on my own.
- I prefer that my doctors and I share decision making equally.
- I prefer that my doctors make all medical decisions for me.

It is important to know that your doctors cannot make your decisions for you. They can only give you or your family or friends information to make decisions.

If you want, you can write why feel this way.

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### 2. How do you prefer to make medical decisions with your close family and friends?

- I prefer to make all my medical decisions on my own.
- I prefer that my family or friends and I share decision making equally.
- I prefer that my family or friends make all medical decisions for me.

If you want, you can write why you feel this way.

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### 3. If you had a serious illness, would you want your doctor to tell you how sick you are or how long you have to live?

- Yes, I would want to know this information.
- No, I would not want to know this information.
- I am not sure.

If you want, you can write why you feel this way.

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## Bonus Questions:

### Religion

1. What should your medical providers and medical decision maker know about your religious or spiritual beliefs?

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### Burial

2. What should your medical providers and medical decision maker know about how you want your body to be treated after you die, and your funeral or burial wishes?

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# Your Next Step

## 1. What next step will you take?

- Ask someone to be your medical decision maker
- Talk to your family and friends about your medical wishes
- Talk to medical providers about your medical wishes
- Put your wishes in writing on an advance directive

### **\*\*Great Job!**

Share this form and your choices with your family, friends, and medical providers.

If you also fill out the PREPARE easy-to-read advance directive, you can put this Question Guide right after page 10. This way, all the important information about your choices will be in your legal form. Make sure to fill out the questions on the advance directive too. Some of them may be similar.

## Notes

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For more information visit  
[www.prepareforyourcare.org](http://www.prepareforyourcare.org)



Your Name: \_\_\_\_\_

<b>Where to Copy Your Answers on the Question Guide onto the Advance Directive</b>	
<b>Page and Question Number on this Questions Guide</b>	<b>Page on the Advance Directive Form</b>
<b>Step 1: Choose a Medical Decision Maker</b>	
Page 2, Question 1: Family or friend to make medical decisions for you?	Page 5
Page 2, Question 2: Do you prefer family/friends make decisions as a group?	Page 6
Page 3, Question 3: Anyone you do NOT want to make decisions for you?	Page 6
Page 3, Question 4: When do you want someone to make decisions for you?	Page 5
<b>Step 2: Decide What Matters Most</b>	
Page 4, Question 1: What is most important in your life?	Page 7
Page 5, Question 2: What experience have you had with serious illness?	Page 12
Page 6, Question 3: How you feel about quality of life and goals today?	Page 8
Page 7, Question 4: What should your decision maker and doctors know?	Page 12
Page 7, Question 5a: If you were ill, who could help pay your rent of bills?	Page 12a
Page 7, Question 5b: If you were ill, who could take care of your pets?	Page 12a
Page 8, Question 6: How you feel about quality of life and goals at the end of life	Page 8
Page 9, Question 7: What things would be VERY hard on your quality of life?	Page 9
Page 10, Question 8: If you may die soon, what care would you prefer?	Page 10
Page 11, Question 9: Are there treatments you would NOT want?	Page 10 or 12
Page 11, Question 10: At the end of life, where would you want to be?	Page 9
Page 11, Question 11: What else would be important at the end of life?	Page 12
Page 12, Question 12: Have you made funeral/burial arrangements? A will?	Page 11
<b>Step 3: Choose Flexibility for Your Decision Maker</b>	
Page 13, Question 1: How much flexibility to give your decision maker?	Page 5
*Note there is no Step 4 questions on the advance directive	
<b>Step 5: Ask Medical Providers the Right Questions</b>	
Page 15, Question 1: How do you prefer to make decisions with doctors?	Page 7
Page 15, Question 2: How do you prefer to make decisions w/ family/friends?	Page 7
Page 16, Question 3: Would you want doctors to tell you how sick you are?	Page 12
<b>Bonus</b>	
Page 17, Question 1: Your religious or spiritual beliefs?	Page 11
Page 17, Question 2: Funeral or burial wishes	Page 11

Your Name: \_\_\_\_\_