Advance Care Planning

Before Class Thoughts and Feelings

Circle the answer that best tells how you think and feel about Advance Care Planning:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I know what Advance Care Planning is**  (circle 1 of the 4 answers to the right) | I have no idea | I have heard of this but am unsure | I know what this is but I still have questions | I know what this is and I don’t have questions. I have the information I need. |

|  |  |  |  |
| --- | --- | --- | --- |
| **I have my Advance Care Plan filled out and signed** | Yes | No | I would like to update my Advance Care Plan |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If I do not already have my Advance Care Plan, I will think about filling out my paperwork**  (circle 1 of the 4 answers to the right) | Yes | No | Not Sure | Question does not apply. Advance Care Planning completed before taking this class. |

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After Class Thoughts and Feelings

Circle the answer that best tells how you think and feel about Advance Care Planning:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I know what Advance Care Planning is**  (circle 1 of the 4 answers to the right) | I have no idea | I have heard of this but am unsure | I know what this is but I still have questions | I know what this is and I don’t have questions. I have the information I need. |

|  |  |  |  |
| --- | --- | --- | --- |
| **I have my Advance Care Plan filled out** | Yes | No | I plan to update my Advance Care Plan |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **If I do not already have my Advance Care Plan, I will think about filling out my paperwork**  (circle 1 of the 4 answers to the right) | Yes | No | Not Sure | Question does not apply. Advance Care Planning completed before taking this class |

|  |  |  |  |
| --- | --- | --- | --- |
| **This class met my goals for attending this session**  (circle 1 of the 3 answers to the right) | None of my goals were met | Some of my goals were met | All of my goals were met |

Topics I would like information on:

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