

Advanced Directives Survey

Now that you have viewed the Advanced Directive portion of this website, we would like to ask you a few questions to learn about how we can better serve you. Please be assured that **the information you provide will be kept completely confidential**; and it will only be used by CARE coalition staff in order to better serve your needs.

We would like to begin by asking you a few questions about how you feel after browsing this website as compared to how you felt before you came.

Please **circle** the phrase that best represents your feelings.

1. **How well do you understand the purpose of Advance Directives now as compared to before?**

Less than before	About the same as before	A little more than before	Somewhat more than before	Much more than before
------------------	--------------------------	---------------------------	---------------------------	-----------------------

2. **How comfortable will you be discussing Advance Directives with your family as compared to before?**

Less than before	About the same as before	A little more than before	Somewhat more than before	Much more than before
------------------	--------------------------	---------------------------	---------------------------	-----------------------

3. **How comfortable will you be discussing Advance Directives with your doctor as compared to before?**

Less than before	About the same as before	A little more than before	Somewhat more than before	Much more than before
------------------	--------------------------	---------------------------	---------------------------	-----------------------

Next, we would like to ask about how ready you feel to move forward and complete an Advance Directive.

Please respond by **placing an X** on the line that best represents your feelings.

4. **Have you decided to complete and sign your Advance Directive form now?**

No _____ **Yes** _____ (If “yes” please skip to question 5)

If you answered “No” to the question above, did this presentation provide you with enough information to make an informed decision about signing your Advance Directive?

Yes _____

No, I’d like for CARE staff to give me more information _____

I’ve decided I’m no longer interested _____

I already have an Advance Directive signed _____

To help us understand why people are hesitant to complete an Advance Directive we are asking for your input. Please share with us why you did not complete your Advance Directive today.

Finally, we ask that you **circle** one of the two age groups below to help us in our record keeping.

5. **My Age is:** **18 – 54** **55 or older**

6. **I live in** _____ **county.**

Thank you for your participation. Your answers will help us to better serve you and others like you in the future.