

# Prepare Question Guide

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 4:**  
Tell others about your wishes.



**Step 2:**  
Decide what matters most in  
life.



**Step 5:**  
Ask doctors the right  
questions



**Step 3:**  
Choose flexibility for your  
decision maker.

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

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

Copyright © The Regents of the University of California, since 2013. All rights reserved. PREPARE materials can be used freely by individuals for personal use who agree to the Terms of Use. It is OK to print materials directly from the PREPARE website for individual use. Please ONLY download and use materials directly from the PREPARE website as we update materials often based on state law and other changes. It is OK to provide the "PREPAREforYourCare.org" URL in written or web-based materials. However, a license is required to use the URL or any materials in mass distribution (e.g., to send the URL via electronic health record, email, or SMS text message). All other uses of PREPARE materials require a license, including to (i) post or distribute PREPARE PDFs or any other PREPARE materials on other parties' websites or other platforms; (ii) include PREPARE materials within other parties' print or electronic materials; (iii) modify (e.g., cobrand, white label, or change any text of) any PREPARE materials; (iv) use PREPARE materials in research, quality improvement initiatives, or for data reporting purposes; or (v) use or reproduce PREPARE materials for commercial purposes. See the PREPARE [Terms of Use](#). See the [PREPARE licensing options](#). For any questions or requests, visit [this link](#).



## 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.

---

---

### 2. Do you prefer your 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.

---

---

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

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

---

---

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

- ☐ A. I **only** want someone to make medical decisions for me if I become too sick to make my own decisions.
- ☐ B. I want someone else to make medical decisions for me now, **even** if I can make my own decisions.
- ☐ C. I am not sure.

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

---

---



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. Decide what matters most in life.

Check as many as you want:

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

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

---

---

---

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



**What brings your life joy?**

---

---

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

---

---

## **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.

---

---

---

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

## What Matters Most in Life?

Quality of life differs for each person.

**For some people**, the main goal of medical care 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

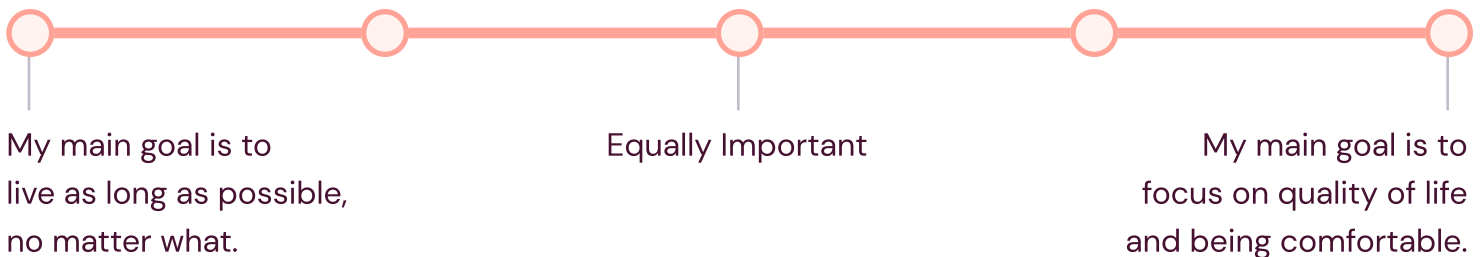
**For other people**, the main goal of medical care is to focus on quality of life and being comfortable.

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

**Other people** are somewhere in between. What matters to you 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:



☐ I am not sure

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

---



---

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

#### 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?

---

---

---

#### 5. If you were in the hospital or very ill, who could help pay your rent or bills?

---

#### 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** for more information.

---

---

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

## 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.



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

## 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 severe 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.

---

---

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

## 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

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

- ☐ 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 I value.
- ☐ B. **Try** life support treatments, **but stop** if there is little hope of getting better or living a life I value.
- ☐ C. Focus on being **comfortable**. I would prefer to have a **natural death**.
- ☐ I am not sure

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

---



---

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

**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?

---

---

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

☐ At home

☐ In the hospital

☐ Either

☐ I am 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?**

---

---

---

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

## 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**.

---

---

**\*\*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.

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





## Step 3: Choose flexibility for your decision maker.

Flexibility allows your decision maker to change your prior decisions if doctors and your care team think 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 prior medical decisions if the doctors and care team 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 and care team 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. 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.

---

---

---

---

---

---

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

## Step 4: Tell others about your medical wishes.

It is important to talk to your medical decision maker, your medical providers, and other family and friends about your medical wishes.

You may have other family and friends who are **not** your medical decision maker.

- But, they may be close to you or have strong opinions about your medical care.
- It is important to talk to them ahead of time.

### 1. Who would you like to talk to next about your wishes for medical care?

You can mark as many as you want. It is ok if you are not ready yet.

- ☐ My medical decision maker
- ☐ My doctor or people on my medical care team
- ☐ My family and friends
- ☐ Something else: \_\_\_\_\_
- ☐ I am not ready yet



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

## Step 5: Ask the medical care team questions.

How do you prefer to make medical decisions and get information?

### 1. Who would you like to talk to next about your wishes for medical care?

- ☐ I prefer to make medical decisions on my own without input from others.
- ☐ I prefer to make medical decisions only after input from others.
- ☐ I prefer to have other people make medical decisions for me.
- ☐ I am not ready yet

If you want, you can write why you feel this way, and who you want input from:

---

---

\*It is important to know that your medical providers cannot make decisions for you. They can only give information to help you make your own decisions.

### 2. If you had a serious illness, would you want your doctors and medical providers to tell you how sick you are or how long you may have to live?

- ☐ Yes, I would want to know this information.
- ☐ No, I would not want to know this information. Please talk with my decision maker instead.
- ☐ I am not sure.

If you want, you can write why you feel this way, and who you want input from:

---

---

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

## Bonus Questions:

### ✓ Religion

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

---

---

---

---

---

---

### ✓ 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?

---

---

---

---

---

---

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



## Your next step

### 1. What next action will you take?

- ☐ Ask someone to be my medical decision maker.
- ☐ Talk to my other family and friends about my medical wishes.
- ☐ Talk to my medical providers about my medical wishes.
- ☐ Put my wishes in writing on an advance directive.
- ☐ I have already done all these actions.

**\*\*Great Job!**

Share your answers to these questions with your family, friends, and medical providers.

### Prepare Advance Directives:

If you are ready, you can get a legal form for your U.S. state here: <https://prepareforyourcare.org/en/prepare-for-your-care/advance-directive/advance-directive-welcome>

If you fill out the PREPARE advance directive, you can:

- Copy your answers onto the Prepare advance directive. See the key on the next page for how to do this.
- Or, you can add this Question Guide to the form by putting it right before Part 3. Part 3 is where you would sign the form. It is important to read over the form as there may be some other questions to answer.

### Notes

---

---

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

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

## The following information shows you how to copy your answers from the Question Guide to the Prepare Advance Directive.

Download the Prepare Advance Directive at [PREPAREforYourCare.org](https://www.PREPAREforYourCare.org).

Prepare Question Guide Questions	Prepare Advance Directive
<p><b>Page 2, Question 1</b></p> <p>Can you think of <b>any</b> family or friends who <b>may</b> be able to make medical decisions for you if you become too sick to make your own decisions?</p>	<p><b>Page 5: Write the name of your medical decision maker.</b></p> <p>→ #1: I want this person to make my medical decisions if I am not able to make my own</p>
<p><b>Page 2, Question 2</b></p> <p>Do you prefer your family and friends make medical decisions for you as a group?</p>	<p><b>Page 6: Why did you choose your medical decision maker?</b></p> <p>→ If your family makes decisions as a group, who do you want in the group? Your medical decision maker(s) on page 5 will still have the final say.</p>
<p><b>Page 3, Question 3</b></p> <p>Is there anyone you would <b>not</b> want to make medical decisions for you?</p>	<p><b>Page 7: Why did you choose your medical decision maker?</b></p> <p>→ Write down anyone you would <b>not</b> want to help make medical decisions for you.</p>
<p><b>Page 3, Question 4</b></p> <p>When do you want someone to make medical decisions for you?</p>	<p><b>Page 5</b></p> <p>→ When can my medical decision maker make decisions for me?</p>

Continued to the next page



**Prepare Question Guide Questions**

**Prepare Advance Directive**

**Page 4 and 5, Question 1**

What is most important in your life?  
What brings your life joy?  
What are you most looking forward to in life?



**Page 7**

What matters most in life? Quality of life differs for each person.

**Page 5, Question 2**

What experience have you had with serious illness?



**Page 9**

What experiences have you had with serious illness or with someone close to you who was very sick or dying?

**Page 6, Question 3**

**Today, in your current health**

Put an X along the line to show how you feel **today**, in your **current health** about your quality of life and goals for medical care.



**Page 8: Today, in your current health**

Check one choice along this line to show how you feel today, in your current health.

**Page 7, Question 4**

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



**Page 10**

What else should your medical providers and decision maker know about this choice? What else would be important to you? You can write more on page 12.

**Page 7, Question 5**

If you were in the hospital or very ill, who could help pay your rent or bills? Do you have pets? Who could take care of your pets?



**Page 12:** What else should your medical providers and medical decision maker(s) know about you and your choices for medical care?

- If you were in the hospital, who could help with your bills or pets?

**Continued to the next page**



Prepare Question Guide Questions	Prepare Advance Directive
<p><b>Page 8, Question 6: At the end of life</b> Put an X along the line to show how you feel about your quality of life and goals for medical care at the <b>end of life</b>.</p>	<p><b>Page 8: At the end of life</b> Check one choice along this line to show how you would feel if you were so sick that you may die soon.</p>
<p><b>Page 9, Question 7</b> At the end of life, which of these things would be VERY hard on your quality of life?</p>	<p><b>Page 9</b> At the end of life, which of these things would be very hard on your quality of life?</p>
<p><b>Page 10, Question 8</b> If you were so sick that you may die soon, what would you prefer?</p>	<p><b>Page 10</b> If you were so sick that you may die soon, what would you prefer?</p>
<p><b>Page 11, Question 9</b> Are there treatments you know that you would NOT want (like CPR, dialysis, or a feeding tube)?</p>	<p>Not in the advance directive. Write your thoughts on <b>page 12</b>.</p>
<p><b>Page 11, Question 10</b> If you were at the end of life, where would you want to be?</p>	<p><b>Page 9</b> If you were dying, where would you want to be?</p>
<p><b>Page 11, Question 11</b> What else would be important at the end of life, such as food, music, pets, religion or spirituality, or people you want around you?</p>	<p><b>Page 9</b> What else would be important, such as food, music, pets, or people you want around you?</p>



Prepare Question Guide Questions	Prepare Advance Directive
<p><b>Page 12, Question 12</b></p> <p>Have you made funeral or burial arrangements? A will?</p>	<p><b>Page 11: Funeral or Burial Wishes</b></p> <p>What should you medical providers and decision maker know about how you want your body to be treated after you die, and your funeral or burial wishes?</p>
<p><b>Page 13, Question 1</b></p> <p>How much flexibility do you want to give your decision maker?</p>	<p><b>Page 6</b></p> <p>How strictly do you want your medical decision maker to follow your wishes if you are not able to speak for yourself?</p>
<p><b>Page 14, Question 1</b></p> <p>Who would you like to talk to next about your wishes for medical care?</p>	<p>Not in the advance directive. Please take a moment to think about this.</p>
<p><b>Page 15, Question 1</b></p> <p>How do you prefer to make medical decisions?</p>	<p><b>Page 7</b></p> <p>How do you prefer to make medical decisions?</p>
<p><b>Page 15, Question 2</b></p> <p>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?</p>	<p><b>Page 12: Optional: How do you prefer to get medical information?</b></p> <p>If you had a serious illness, would you want your doctors and medical providers to tell you how sick you are or how long you may have to live?</p>

## Prepare Question Guide Questions

### Page 12, Question 12

Have you made funeral or burial arrangements? A will?



### Page 13, Question 1

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



### Page 14, Question 1

Who would you like to talk to next about your wishes for medical care?



## Prepare Advance Directive

### Page 11: Funeral or Burial Wishes

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

### Page 6

How strictly do you want your medical decision maker to follow your wishes if you are not able to speak for yourself?

Not in the advance directive. Please take a moment to think about this.

## Thyme Care is here to support you.

You can talk to your Care Team Monday through Friday, from 8 AM to 8 PM ET. Clinical support is available 24/7. Whether you have questions about your care, forms, or anything else, we're here to help.



Call or text:

**201-526-8484**



Call toll-free:

**833-849-6300**

**¿Habla español?** Si desea ayuda para traducir este contenido, por favor llame a nuestro equipo de atención al 201-526-8484. Estamos aquí para ayudarle.