

Secret Agent Quiz

For You and Your Health Care Agent

Take the guesswork out of understanding your values and preferences. You and your appointed Health Care Agent are to answer the questions in this quiz **separately** and **without discussion**. If you are the Health Care Agent remember to answer each question *the way you believe the person appointing you would answer*.

After the quiz, compare and discuss answers. It is crucial that answers are no longer “secret”. These discussions *are vital to an effective advance planning process*.

1. When I think about the challenges that I might face during the last period of my life, of those listed below, the three that I am most concerned about are: (*rank: “1” is your greatest, etc.*)

_____ Being in pain _____ Being a physical burden to others _____ Being unable to communicate
_____ Being unable to think _____ Being a financial burden to others _____ Being unable to feed myself

2. If I had cancer that was not responding to other treatments and I had the opportunity to receive chemotherapy involving severe side effects that would render me homebound with pain, nausea, and weakness, I would accept/decline the chemotherapy in the following scenarios. (*indicate “accept” or “decline” for each scenario*)

_____ Chemotherapy has a 10% chance of prolonging my life by approximately 2 months.
_____ Chemotherapy has a 10% chance of prolonging my life by approximately 6 months.
_____ Chemotherapy has a 50% chance of prolonging my life by approximately 2 months.

3. Pneumonia untreated in elderly patients often results in death. If due to age-related frailty I required help with basic daily activities such as eating, dressing, bathing, and going to the bathroom and I developed pneumonia which could be treated with antibiotics, I would/would not choose to receive the treatment in the following scenarios. (*indicate “would” or “would not” for each scenario*)

_____ I lived in a nursing home and could receive antibiotic treatment in the nursing home.
_____ I lived in a nursing home but to receive antibiotic treatment would need to be admitted to the hospital.
_____ I lived at home and could receive antibiotic treatment at home.
_____ I lived at home but to receive antibiotic treatment would need to be admitted to the hospital.
_____ I lived with family in their home and could receive antibiotic treatment in their home.
_____ I lived with family but to receive antibiotic treatment would need to be admitted to the hospital.

4. If I were terminally ill and experiencing severe, unending pain, I would / would not want to receive sedation to the point of unconsciousness.

_____ Would _____ Would Not _____ Don't Know

5. If I were in a permanent unconscious condition (a coma), I would / would not want the following life support systems to prolong my life:

Feeding Tube _____ Would _____ Would Not _____ Don't Know
Breathing Machine _____ Would _____ Would Not _____ Don't Know

6. If I were in a permanent state of confusion: unable to remember, to understand, to make decisions, to recognize loved ones or have a clear conversation with them and I were to go into cardiac arrest, I would /would not want to be resuscitated.

_____ Would _____ Would not _____ Don't Know

7. If I were in a permanent state of confusion: unable to remember, to understand, to make decisions, to recognize loved ones or have a clear conversation with them and I were no longer able to consume nutrition by mouth, I would /would not want to have a tube inserted into my stomach to deliver food and hydration.

_____ Would _____ Would not _____ Don't Know

8. If I lacked capacity to make and/or communicate my choices for end-of-life care, then it is most important to me that the care I receive:

- 1. is in strict accordance with my personal choices as communicated in my advance directive
- 2. is in keeping with the decisions as expressed by my appointed health care agent
- 3. minimizes family strife and disagreement – even if this means that my personal choices are not followed

9. I have specific religious beliefs / spiritual values that must guide decisions made about my end-of-life care.

_____ Yes _____ No _____ I don't know

Additional information: about me that might be helpful to you as my Health Care Agent:
or as your *Health Care agent*, I have the following questions about your preferences:

DATE: _____