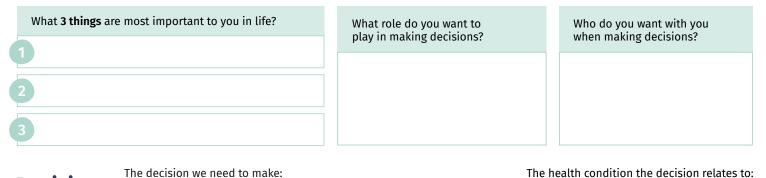
^{my} care companion	A decision aid with life-limit	l for people ing conditions	Your r	name:	(Patient's name)
		completed b	y you	completed by a mo	ember of your healthcare team
Truth telling					
Do you want to know		If they answered YE	S , what ar	re the details of their	health condition(s)?
more about your current health condition?	YES NO				

Values and preferences



Decision making

The health condition the decision relates to:

		123	
option 1	benefits		
	risks		
option 2	penefits		How much do these risks and benefits matter to you?
	risks		$\frac{U_{2}}{U_{2}}$
option 3	benefits		
	risks		
I would recommend	option because	My decision is	because
	•		

Next steps

knowledgeDo you understand the benefits and risks of each option?YESNO	supportDo you have enough support and advice to make a choice?YESYES						
If you answered NO , what additional questions do you have?	If you answered NO , is there anyone else you want to speak to?						
values	certainty						
Are you clear about which benefits and risks matter most to you? YES NO	Do you feel sure about the best choice for you? YES NO						
If you answered NO , revisit the Values & Preferences and/or Decision Making sections	If you answered NO , revisit the <i>Decision Making</i> and/or <i>Next Steps</i> sections						
follow-on actions Are there any follow-on actions to be completed by you or your healthcare team?	notes + questions Are there any questions or things you want to remember about this conversation?						

This conversation was had with:		This conversation is documented:		Date:
NAME	ROLE	LOCATION IN MEDICAL RECORD		///

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