

A decision aid for people with life-limiting conditions

completed by you

completed by a member of your healthcare team

## **Truth telling**

		If they answered YES, what are the details of their health condition(s)?
Do you want to know more about your current		
health condition?	YES NO	
Values and prefere	ences	

What <b>3 things</b> are most important to you in life?		What role do you want to play in making decisions?	What role do you want to play in making decisions?	
ecision	The decision we need to make:		The he	ealth condition the decision relat
ecision aking				
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option 1	fts		000	
	benefits		000	
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	ν		000	
	risks		000	
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option 2	t t		000	How much do these risks and benefits
	benefits		000	matter to you?
	pe		000	lie to you?
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	risks		000	0, 0, 0
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option 3	Zi Zi		000	_
	benefits		000	
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	risks		000	
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would recomr	mend option because		My decisi	on is because

## **Next steps**

knowledge  Do you understand the benefits and risks of each option?	YES NO	support  Do you have enough support and advice to make a choice?	YES NO		
If you answered <b>NO</b> , what additional quest	ions do you have?	If you answered <b>NO</b> , is there anyone else you want to speak to?			
values  Are you clear about which benefits and risks matter most to you?	YES NO	certainty  Do you feel sure about the best choice for you?	YES NO		
If you answered <b>NO</b> , revisit to Values & Preferences and/or Decision M	the laking sections	If you answered <b>NO</b> , revisit the Decision Making and/or Next Steps sections			
follow-on Are there any follo actions completed by you or you	w-on actions to be r healthcare team?	notes + Are there any questions or things you want to remember about this conversation?			
This conversation was had wit	:h:	This conversation is documented:	Date:		
NAME	ROLE	LOCATION IN MEDICAL RECORD	DD / MM / YY		

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