

## Truth telling

Do you want to know more about your current health condition?

YES

NO

If they answered YES, what are the details of their health condition(s)?

## Values and preferences

What 3 things are most important to you in life?

1

2

3

What role do you want to play in making decisions?

Who do you want with you when making decisions?

## Decision making

The decision we need to make:

The health condition the decision relates to:

		1	2	3
option 1	benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
option 2	benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
option 3	benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much do these risks and benefits matter to you?

not at all  
 somewhat  
 very much  
 1 2 3

I would recommend option  because...

My decision is  because...

## Next steps

### knowledge

Do you understand the benefits and risks of each option?

YES  NO

If you answered **NO**, what additional questions do you have?

### support

Do you have enough support and advice to make a choice?

YES  NO

If you answered **NO**, is there anyone else you want to speak to?

### values

Are you clear about which benefits and risks matter most to you?

YES  NO

If you answered **NO**, revisit the *Values & Preferences* and/or *Decision Making* sections

### certainty

Do you feel sure about the best choice for you?

YES  NO

If you answered **NO**, revisit the *Decision Making* and/or *Next Steps* 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:**

\_\_\_\_\_

NAME

ROLE

**This conversation is documented:**

\_\_\_\_\_

LOCATION IN MEDICAL RECORD

**Date:**

\_\_\_ / \_\_\_ / \_\_\_

DD

MM

YY