



**Contra Costa County— Conversations That Count
Advance Care Planning Presentation Evaluation**

Date: _____

Location: _____

1. Prior to today's presentation, have you ever had the conversation?
 - a. No.
 - b. No, but I have thought about it before today.
 - c. Yes, but at a very general level.
 - d. Yes. The conversations have included enough detail that I feel confident my loved ones know my wishes.
 - e. Other: _____

2. Do you plan to have the conversation in the next month?
 - a. No. This is not a priority for me at this time.
 - b. No. I know what I want, but do not feel comfortable talking with others at this time.
 - c. No. I have already discussed it with my family and loved ones.
 - d. Yes, but at a very general level.
 - e. Yes. I plan to have a conversation with my loved ones so that they can feel confident they know my wishes.
 - f. Yes. I've already had these conversations, but plan to revisit the conversation with my loved ones.

3. If you plan to have the conversation, do you feel prepared?
 - a. Yes, I am ready to have the conversation about my healthcare wishes.
 - b. Unsure
 - c. No

4. Did today's presentation motivate you to fill out an Advance Directive?
 - a. Yes, I want to complete an Advance Directive.
 - b. No, I do not feel ready to complete an Advance Directive.
 - c. I already have an Advance Directive.

5. If yes, what are your next steps? (Check all that apply)
 - a. Get a form and fill it out.
 - b. Read more about it online.
 - c. Sign up for a workshop on Advance Directives.
 - d. Ask my physician.
 - e. Other: _____

6. What part of the presentation did you find MOST useful?

7. What part of the presentation did you find LEAST useful?

8. Do you need additional information before you would feel comfortable having the conversation?

- Yes No

If yes, please describe.

9. Please rate your overall satisfaction with the presentation:

- Very satisfied Somewhat satisfied Somewhat dissatisfied Very dissatisfied

10. Would you recommend the presentation to others?

- Yes Maybe No – please explain:

11. Additional comments:

Optional:

Name: _____

Email: _____