What Matters Most to You?

To help guide your care, we would like you to fill out this form so we can learn a bit more about you and what matters most to you. This information may be shared with other providers involved in your care but will remain confidential.

Who or what matters in your daily life? (Write in the space below.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

How would you rate your well-being? On the following scales from 1-5, with 1 being miserable and 5 being great, circle how you feel:

<table>
<thead>
<tr>
<th>Physical well-being</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental/emotional well-being</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Life: How is it to live your day-to-day life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

What tasks related to taking care of yourself do you find burdensome? (Please select your top three.)

- □ Doctor / Hospital visits
- □ Laboratory tests / procedures
- □ Medications
- □ Housework
- □ Health tasks like weights / blood pressure / sugar checks
- □ Foley management
- □ Bathing
- □ Dressing
- □ Preparing food
- □ Medication side effects
- □ Dressing
- □ Shopping
- □ Bills / Finance
- □ Other: ________________________________________________
What values are important to you? (Please select your top three.)

- Physical / Mental well-being
- Dignity – Feeling respected and worthy
- Quality of life
- Community – Helping others; giving and receiving support
- Spirituality – Involvement in spiritual or religious activities
- Health and symptoms – Ensuring best possible health; managing discomfort and symptoms
- Recreation – Doing hobbies like quilting, crafting, or woodwork
- Personal growth / Learning – Learning and developing as a person
- Independence – Self-care needs; living and moving independently
- Family and friends – Meaningful connections with others, such as family members, friends, or romantic partners
- Being productive – Doing things at home, work, or in the community; contributing
- Other: __________________________

What things would you like to spend more time doing? (Select only your top three.)

- Participate in activities with family and friends
- Religious / Spiritual services
- Walk as exercise
- Go out to eat
- Exercise other than walking
- Do housekeeping
- Stay in home, take care of self; live independently
- Increase personal mobility or self-care
- Drive
- Care for a pet
- Travel
- Work outside the home
- Take care of or help family or friends
- Yard work / Gardening
- Volunteer in the community
- Live longer for a specific important event
- Other: __________________________