

ABOUT YOUR WELL-BEING

Please place a tick (✓) in ONE box in EACH group below, to indicate which statement best describes your situation at the moment.

1) Having a say – Your ability to influence where you would like to live or be cared for, the kind of treatment you receive, the people who care for you	
I am able to make decisions that I need to make about my life and care most of the time	4
I am able to make decisions that I need to make about my life and care some of the time	3
I am able to make decisions that I need to make about my life and care only a little of the time	2
I am never able to make decisions that I need to make about my life and care	1

2) Being with people who care about you – Being with family, friends or caring professionals	
If I want to, I am able to be with people who care about me most of the time	4
If I want to, I am able to be with people who care about me some of the time	3
If I want to, I am able to be with people who care about me only a little of the time	2
If I want to, I am never able to be with people who care about me	1

3) Physical suffering – Experiencing pain or physical discomfort which interferes with your daily activities	
I always experience significant physical discomfort	1
I often experience significant physical discomfort	2
I sometimes experience significant physical discomfort	3
I rarely experience significant physical discomfort	4

4) Emotional suffering – Experiencing worry or distress, feeling like a burden	
I always experience emotional suffering	1
I often experience emotional suffering	2
I sometimes experience emotional suffering	3
I rarely experience emotional suffering	4

Please place a tick (✓) in ONE box in EACH group below, to indicate which statement best describes your situation at the moment.

5) Dignity – Being treated with respect, being spoken to with respect, having your religious or spiritual beliefs respected, being able to be yourself, being clean, having privacy,

- | | |
|--|---|
| I am able to maintain my dignity and self-respect most of the time | 4 |
| I am able to maintain my dignity and self-respect some of the time | 3 |
| I am able to maintain my dignity and self-respect only a little of the time | 2 |
| I am never able to maintain my dignity and self-respect | 1 |

6) Being supported – Having help and support

- | | |
|---|---|
| I am able to have the help and support that I need most of the time | 4 |
| I am able to have the help and support that I need some of the time | 3 |
| I am able to have the help and support that I need only a little of the time | 2 |
| I am never able to have the help and support that I need | 1 |

7) Being prepared – Having financial affairs in order, having your funeral planned, saying goodbye to family and friends, resolving things that are important to you, having treatment preferences in writing or making a living will

- | | |
|---|---|
| I have had the opportunity to make most of the preparations I want to make | 4 |
| I have had the opportunity to make some of the preparations I want to make | 3 |
| I have had the opportunity to make a few of the preparations I want to make | 2 |
| I have not had the opportunity to make any of the preparations I want to make | 1 |

Thank you for your help