



NAME: _____ DATE: _____

WHAT DO OTHERS THINK IS IMPORTANT FOR ME WHEN MAKING HEALTH DECISIONS:

WHAT IS IMPORTANT TO ME WHEN MAKING HEALTH DECISIONS:

WHAT SUPPORTS DO I NEED TO HELP ME WITH HEALTHY DECISIONS:

What are supports that work well for me and what does not?

How do I learn best?

What helps me stay motivated?

What is the best way to encourage me?





Past Life Experiences

What helps me UNDERSTAND my health issues and options?

What helps me communicate my health preferences, choices, and decisions?

What helps me follow through on health instructions, programs, or recommendations?

List past barriers that made it hard for me to understand, communicate, or follow through with health decisions, instructions, programs or recommendations

Moving Forward

What helps me UNDERSTAND my health issues and options?

What helps me communicate my health preferences, choices, and decisions?

What helps me follow through on health instructions, programs, or recommendations?

List what needs to happen to avoid barriers that make it hard for me to understand, communicate, or follow through with health decisions, instructions, programs or recommendations

Vision for What I Want

What decisions about my health do I want to make myself or with help from my supporters?

What I Don't Want

What decisions about my health do I NOT want someone else making for me or without my input or approval?