

# SHARE (Sharing Goals and Preferences)

## Brief Questionnaire

Your medical team wants to understand your hopes and goals to help you make the best decisions about your treatment. We hope these questions will help us know more about you.

First, think about what a good day is to you...

**What types of activities are important to you or contribute to your having a good day (check all that apply and add as many others as you like)?**

- Spending time with friends and family
- Being physically active (walking, hiking, swimming, gardening)
- Working
- Doing yoga, meditation, tai chi, other mind/body activities
- Doing games, puzzles, or creative activities (writing, artwork, wood working)
- Prayer, reading sacred texts, and/or attending religious services
- Listening to music, watching movies
- Parenting/caregiving
- Traveling
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Which of these are especially important for you to maintain your ability to do?**

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**Are there any key events in the next year that are really important to you?**

- No
- Yes → what is it and when? \_\_\_\_\_

Next, help us to understand what type of information is important to you as a patient.

**How much information do you want to know about your cancer?**

I don't want to know any details about my cancer

1

I want to know some details about my cancer

2

3

I want to know as much as possible about my cancer

4

5

**What are your preferences for how decisions about your medical care are made?**

I prefer my doctors to make all of my medical decisions

1

I prefer to share decisions equally with my doctors

2

3

I prefer to make all of my medical decisions myself

4

5

**What are your preferences for the role you want your family to play in decisions about your medical care?**

I prefer my family make decisions with little or no input from me

1

I prefer to share decisions equally with my family

2

3

I prefer to make all decisions with little or no input from family

4

5

**Your doctor can often provide an estimate of how long people with cancers like yours are likely to live, on average (prognosis). Would you want your doctor to share this information with you?**

- Yes
- Not now → when do you think you might want to know? \_\_\_\_\_
- Never
- I don't know

**Do you worry about getting too much or too little cancer treatment or care (chemotherapy, tests, procedures, etc.)?**

I'm worried that I won't get enough cancer treatment

1

I expect to get just the right amount of cancer treatment

2

3

I'm worried that I'll get too much cancer treatment

4

5

**Do you worry about getting too much or too little medication to control symptoms that you have or may develop (e.g., pain, shortness of breath, etc.)?**

I'm worried that I won't get enough medication for my symptoms

1

2

I expect to get just the right amount of medication for my symptoms

3

4

I'm worried that I'll get too much medication for my symptoms

5

**How important is it that you avoid being hospitalized?**

Not at all important

1

2

Somewhat important

3

4

Extremely important

5

**Which is more important to you?**

Living as long as possible

1

2

Equally important

3

4

Feeling good as long as possible

5

**Many patients want to learn more about certain topics, but don't know how or what to ask. Are you interested in learning more about:**

**Yes No**

- Participate in clinical trials
- Palliative care (i.e., care focused on managing symptoms and optimizing quality of life)
- Availability of volunteers to help me
- Support groups
- Possible resources to help with managing costs of cancer care
- How to record stories, favorite memories, and messages for your loved ones to inherit
- How to get your affairs in order and write a will
- How to talk to your doctor about what the future might hold
- Sexual health
- Nutrition

**Is there anything else that you want your clinical team to know about you or your preferences and goals?**

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