

Advance Care Plan Leaflet and Form - Feedback Form

The National Advance Care Planning Cooperative team and Waitemata District Health Board ACP clinical coordinator is seeking feedback from Asian communities and health professionals about the attached Advance Care Plan leaflet and form currently available in English.

1. The Advance Care Plan Leaflet (tri-fold brochure format)

This leaflet provides information about Advance Care Planning by promoting awareness about what to plan ahead for future health care including personal care, treatment preferences for end of life situations, what can be done and who to talk to.

2. The Advance Care Plan Form (4 pages)

This form is for individuals to document their personal care and specific treatment preferences for end of life situations. Additionally, it is about the existence of a will, and the location of important papers and other practical matters.

Due to the sensitive nature of the subject matter, the Advance Care Plan Cooperative team would like your views on: the appropriateness of the design/graphics; the colour; the wording used on the leaflet and the form and; whether if there is a need for improvements. In addition, we are trying to find out if there is a need for the form and the leaflet to be translated into different Asian languages.

Thank you for your participation, your feedback is very appreciated.

May 2013

1. ACP Leaflet: Are the design/graphics and colour (red) acceptable ?

- Yes
 No

Comments

2. ACP Leaflet: Is the wording easy to understand and culturally appropriate

- Yes
 No

Comments

3. ACP Leaflet: Any other comments or suggestions for improvements

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4. ACP Form (4 pages): Are the design/graphics and colour (red) acceptable?

- Yes
 No

Comments

5. ACP Form: Is the wording easy to understand and culturally appropriate?

- Yes
 No

Comments

6. ACP Form: Any other comments or suggestions for improvements

7. ACP Leaflet and ACP Form: What Asian languages should the leaflet and the form be translated into?

- Traditional Chinese
 Simplified Chinese
 Korean
 Hindi

Other (please specify)

8. Please identify which group do you represent?

- Health professional
 Community member
 Chinese
 Korean
 Indian

Other (please specify)

9. Is this a group or an individual feedback?

Individual

Group

If it is a group feedback, how many people were involved and when?

10. Your Contact Details

Name:

Company:

Address:

Address 2:

City/Town:

Email Address: