# Staging Questions:
# Health Care Proxy Readiness

*Please complete this questionnaire and return it to Penny Weller, Program Implementation Manager, Medical Affairs Department, 4th Floor, 165 Court St., Rochester, NY 14647. If you have any questions please call Penny Weller at 453-6306. Thank you.*

1. Formally designating a person to speak for you about your medical care should you become unable to speak for yourself is called designating a health care proxy. The best way to designate the person to speak for you is to complete a **Health Care Proxy form**. Which answer bests describes your level of readiness to fill out a **Health Care Proxy form**?

   1. ☐ I see no need to fill out a **Health Care Proxy form**.
   2. ☐ I see the need to fill out my **Health Care Proxy form**, but I have barriers or reasons why I have not done it.
   3. ☐ I am ready to fill out a **Health Care Proxy form** or I have already started.
   4. ☐ I already filled out my **Health Care Proxy form** and it reflects my wishes.
   5. ☐ I already filled out my **Health Care Proxy form** but it needs to be changed.

We are interested in knowing if age, ethnicity, sex, education, or health care background effects people's attitudes about health care proxies. We would appreciate your help in answering the following questions. Response is voluntary and **all information will be kept confidential.**

2. Are you: 1. ☐ Male 2. ☐ Female

3. Into which of the following age groups do you fall?

   1. ☐ 18 – 25
   2. ☐ 26 – 33
   3. ☐ 34 – 41
   4. ☐ 42 – 49
   5. ☐ 50 – 54
   6. ☐ 55 – 59
   7. ☐ 60 – 64
   8. ☐ 65 – 69
   9. ☐ 70 – 74
   10. ☐ 75 – 79
   11. ☐ 80 – 84
   12. ☐ 85 and over

4. What ethnic group best describes you:

   1. ☐ African American, not of Hispanic origin
   2. ☐ American Indian/Alaska Native
   3. ☐ Asian/Pacific Islander
   4. ☐ Puerto Rican
   5. ☐ Mexican
   6. ☐ Hispanic, not of Mexican or Puerto Rican origin
   7. ☐ White, not of Hispanic origin
   8. ☐ Other _____

5. Which of the following best describes the highest level of education you have completed?

   1. ☐ Up to and including some High School
   2. ☐ High School Graduate (including G.E.D.)
   3. ☐ Associate's Degree, Certificate Program, or Some College but no degree
   4. ☐ Four-Year College Degree
   5. ☐ Advanced Degree (i.e. Masters, Ph.D., MD)

6. Have you ever worked in a health care related job? (Doctor, Nurse, Therapist, Aide, Health Insurance Worker, etc.)

   1. ☐ Yes, I currently work in a health care related field.
   2. ☐ Yes, I have worked in a health care related job in the past.
   3. ☐ No, I have never worked in a health care related job.