

# Staying in the Circle of Life

## Native Cancer Survivors Support Group

### Session 3: Medical Advocacy & Advanced Directives

### Pre-Assessment



**PARTNERSHIPS**  
*for* **NATIVE HEALTH**

Thank you for participating in the Staying in the Circle of Life Native Cancer Survivors Support Group! This assessment is a way for us to find out what we are doing well and if there are areas in which we can improve. We want to provide the best resources to our partner communities and this is one way to keep us on track. We estimate that it will take 5-10 minutes to complete this assessment.

**Do not write your name on the assessment.** Your identity will be kept confidential. The data collected will be anonymous, and there will be no identifying information or names used in any written reports that result from this evaluation.

**Your participation is voluntary.** You may stop participating at any time during the process. Your services will not be affected by your participation or lack of participation.

If you have any questions during the assessment, please feel free to ask the facilitator for help.

Please take a moment to answer the following questions. For each, fill in the bubble next to the response that best describes how you feel.

1. When searching for reliable, accurate health information, it is important to consider who paid for the research and who published the information.
  - True
  - False
  
2. Which of the following is not an example of medical advocacy?
  - Using your knowledge to exercise your right to receive high quality healthcare
  - Seeking out reliable health information
  - Skipping doctors' appointments without canceling or rescheduling
  - Asking your doctor questions about your condition
  - Asking for a new doctor if you are not getting along with your current doctor
  
3. An advanced directive is a legally binding document that tells what kind of care people want to have when they cannot express their wishes.
  - True
  - False
  
4. It is important not to waste your doctor's time with questions about your medical treatment.
  - True
  - False
  
5. Which of the following is NOT a part of the Five Wishes Advanced Directive document?
  - What I want my loved ones to know
  - The kind of medical treatment I want or don't want
  - How to handle my unpaid bills
  - How comfortable I want to be
  - How I want people to treat me
  
6. I am confident that I can speak for myself in a medical setting.
  - Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly disagree

7. I feel confident that I can make decisions about my own treatment.
- Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly disagree
8. I intend to talk to my health care provider about my cancer care plan.
- Strongly agree
  - Agree
  - Neutral
  - Disagree
  - Strongly disagree

