

**Mount Sinai-Franklin Health Communication Instrument  
(Active X)**

1. Do you have specific wishes about the course of your medical treatment?
  1.  Yes
  2.  No (**Go to question 6**)
  
2. If yes, have you spoken to your family about your wishes?
  1.  Yes
  2.  No
  
3. If you have not spoken to your family about your wishes, would you like to do so?
  1.  Yes
  2.  No
  
4. Have you spoken to your physician about your wishes?
  1.  Yes
  2.  No
  
5. If you have not spoken to your physician, would you like to do so?
  1.  Yes
  2.  No
  
6. Have you completed an advance directive such as a health care proxy appointment or a living will?
  1.  Yes
  2.  No
  
7. If you have completed such a document, does your doctor know about it?
  1.  Yes
  2.  No
  
8. If you have not completed such a document, are you interested in learning more about it?
  1.  Yes
  2.  No