

# Older Adults' Experiences with Advance Care Planning

April 2021

[www.healthyagingpoll.org](http://www.healthyagingpoll.org)

Questions were answered by respondents age 50–80.

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## ALL RESPONDENTS

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**Q1. Outside the healthcare system, with whom do you consult regarding decisions about your own health and health care?** Select all that apply

1. Spouse
2. Adult children
3. Other family/friends
4. No one

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## ALL RESPONDENTS

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**Q2. Have you talked to anyone about the types of medical treatment you want or don't want if you become seriously ill?**

1. Yes
2. No

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## If Q2 = 1 (Yes)

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**Q3. When did you last talk with someone about the types of medical treatment you want if you become seriously ill?**

1. Within the past 3 months
2. More than 3 months, but less than a year
3. 1 year or more

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## If Q2 = 1 (Yes)

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**Q4. What prompted you to talk with someone about the types of medical treatment you want if you become seriously ill?** Select all that apply

1. Concern about COVID-19
2. Hospitalization/surgery/health concern for myself
3. Hospitalization of a family member or friend
4. Health care provider suggested it
5. Loss of loved one
6. Changed my preferences
7. Just felt it was important to do
8. Other

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## If Q2 = 2 (No)

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**Q5. Why have you not talked with someone about the types of medical treatment you want if you become seriously ill?** Select all that apply

1. Don't think it's necessary
2. Haven't gotten around to it
3. I don't like talking about these things
4. Other

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## ALL RESPONDENTS

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**Q6. Have you made any legal arrangements (sometimes called a durable power of attorney for health care) for someone to make decisions about your medical care when you cannot?**

1. Yes
2. No

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## ALL RESPONDENTS

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**Q7. Do you have a document that outlines the type of medical care you do or do not want when you cannot make decisions (sometimes called a living will or advance directive)?**

1. Yes
2. No

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## If Q6 or 7 = Yes

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**Q8. When did you last complete or update [a durable power of attorney for health care/and your living will]?**

1. Within the past 3 months
2. More than 3 months ago, but less than a year
3. 1 year ago or more

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**If Q6 or Q7 = Yes**

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**Q9. What prompted you to complete or update [a durable power of attorney for health care/ and your living will]?** Select all that apply

1. Concern about COVID-19
2. Hospitalization/surgery/health concern for myself
3. Hospitalization of a family member or friend
4. Health care provider suggested it
5. Loss of loved one
6. Changed my preferences
7. Just felt it was important to do
8. Other

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**If Q6 or Q7 = No**

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**Q10. Why have you not completed [a durable power of attorney for health care/ and your living will]?** Select at that apply

1. Don't think it's necessary
2. Haven't gotten around to it
3. I don't like thinking about these things
4. No one has asked me to
5. I don't know how
6. Cost

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**Data Source and Methods**

This National Poll on Healthy Aging report presents findings from a nationally representative household survey conducted exclusively by Ipsos Public Affairs, LLC ("Ipsos") for the University of Michigan's Institute for Healthcare Policy and Innovation. National Poll on Healthy Aging surveys are conducted by recruiting from Ipsos KnowledgePanel®, the largest national, probability-based panel in the U.S.

This survey module was administered online in June 2020 to a randomly selected, stratified group of older adults age 50–80 (n=2,074). The sample was subsequently weighted to reflect population figures from the U.S. Census Bureau.

The completion rate was 78% among panel members contacted to participate. The margin of error is ±1 to 2 percentage points for questions asked of the full sample and higher among subgroups.

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**National Poll on Healthy Aging Team**

**Preeti Malani, MD, MSJ, MS**, Director  
**Jeffrey Kullgren, MD, MS, MPH**, Associate Director  
**Erica Solway, PhD, MPH, MSW**, Associate Director  
**Chithra R. Perumalswami, MD, MSc**, Faculty Collaborator  
**James F. Burke, MD, MS**, Faculty Collaborator  
**Lesli E. Skolarus, MD, MS**, Faculty Collaborator  
**Dianne Singer, MPH**, Production Manager  
**Matthias Kirch, MS**, Data Analyst

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