

# Advance Care Planning

## Values Worksheet for Advance Care Planning

Think about these questions before you prepare your advance directive. They are also good topics to discuss with your loved ones, health care providers and spokesperson.

- | How important are these items to you?                        | Not Important |   |   |   |   | Very Important |  |  |  |  |
|--|---------------|---|---|---|---|----------------|--|--|--|--|
| Preserve my quality of life.....                             | 0             | 1 | 2 | 3 | 4 |                |  |  |  |  |
| Be independent .....   | 0             | 1 | 2 | 3 | 4 |                |  |  |  |  |
| Be alert and competent .....                                 | 0             | 1 | 2 | 3 | 4 |                |  |  |  |  |
| Be able to relate to family and friends .....                | 0             | 1 | 2 | 3 | 4 |                |  |  |  |  |
| Be comfortable and as pain-free as possible .....            | 0             | 1 | 2 | 3 | 4 |                |  |  |  |  |
| Leave good memories for family and friends .....             | 0             | 1 | 2 | 3 | 4 |                |  |  |  |  |
| Leave money to family, friends or charity .....              | 0             | 1 | 2 | 3 | 4 |                |  |  |  |  |
| Let nature take its course .....                             | 0             | 1 | 2 | 3 | 4 |                |  |  |  |  |
| Die in a short time rather than lingering .....              | 0             | 1 | 2 | 3 | 4 |                |  |  |  |  |
| Live as long as possible, no matter the quality of life..... | 0             | 1 | 2 | 3 | 4 |                |  |  |  |  |
| Stay true to my spiritual beliefs and traditions .....       | 0             | 1 | 2 | 3 | 4 |                |  |  |  |  |
| Help with medical research or teaching.....                  | 0             | 1 | 2 | 3 | 4 |                |  |  |  |  |
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- Do you want to take part in making decisions about your care and treatment?
  Yes    No
  - Do you always want to know the truth about your condition?
  Yes    No
  - Do you want your finances taken into account when treatment decisions are being made?
  Yes    No
  - Would you want palliative care, which offers comfort measures that focus on relief of suffering and control of symptoms so you can do what is most important to you?
  Yes    No
  - How do you feel about using life-sustaining measures in the face of terminal illness? Do you have strong feelings about certain medical treatments (such as mechanical breathing, CPR, feeding tube, kidney dialysis, intensive care, chemo or radiation therapy)?
  Yes    No
  - Would you want to avoid certain treatments only if death was certain?
  Yes    No
  - Would you want certain treatments if used to prolong the dying process?
  Yes    No
  - Would you accept certain treatments to lessen pain?
  Yes    No
  - What will be important to you when you are dying?
  - Would you prefer at-home hospice care or would you prefer to be in a hospital?
  - Do you want to be an organ donor?
  Yes    No