

ADVANCE CARE PLANNING

MY PERSONAL VALUES

This tool will be beneficial for you in determining an appropriate health care agent.

Mark the extent to which you agree or disagree with each statement. If you are unsure, check “not sure.” Share your answers with the person whom you think would be a good decision-maker for you. Any discrepancy between your preferences and those indicated by your proposed agent are great beginning points for conversation.

General Guidelines

1. I do not want to be indefinitely dependent on medical interventions (e.g., breathing machines) only to be kept alive.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
2. I want to be able to die at home, if possible, rather than in a health care institution or nursing home facility.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree

Level of Independent Decision-Making

3. I want to remain as involved as possible in health care decisions about my care in consultation with my physician(s) and other healthcare providers.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
4. I want basic information provided to me, which includes my disease process, likely outcome, benefits, risks, reasonable alternative treatments, and the likely effect of no treatment.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
5. I want to know if the treatment being considered is likely to achieve the agreed upon goals without undue burden.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
6. I believe I have the right to refuse medical treatment even if the refusal may unintentionally shorten my life.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
7. I want full disclosure of my diagnosis, even if there is little chance for recovery or no possibility of recovery.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree

Social/Relational Activities

8. I want to be able to engage in social activities such as visiting others, attending church or synagogue, and shopping.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
9. It is important to me to be able to recognize my immediate family members throughout my healthcare experience.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
10. I want to be able to communicate and understand others.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
11. I believe cost should be considered in the type of treatment I receive.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree

Aggressiveness of Medical Treatment at End of Life

12. I do not want feeding tubes, including stomach tubes, nasogastric tubes, which are placed down the nose, or intravenous feedings, except to increase my comfort or reduce my pain.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
13. I want to be an organ and tissue donor.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
14. I would like all treatments possible to keep me alive, even if I will never get better.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
15. I do not want any attempt at resuscitation or advanced life support. This includes machines to help breathing or medications to maintain the heart and blood pressure.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
16. I want consideration given to the use of any medical treatments possible if these would help me to return to the quality of life I have today.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
17. I would like to have an autopsy done so that more can be learned about my illness.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree

Other Wishes: _____