

Advance Care Planning: Values Clarification Worksheet

Part 1: A meaningful Life

I want my doctor to try treatments that may allow me to live a meaningful life. By meaningful life, I mean living in a way that lets me do the things that are important and necessary.				
Activities of daily life:	Very Important	Somewhat Important	Not Important	Not sure
Being able to recognize my friends and family members.				
Being able to talk and be understood.				
Thinking clearly.				
Being pain free.				
Being free of severe discomfort most of the time (such as nausea, diarrhea, or shortness of breath).				
Eating.				
Being able to control my bladder.				
Being able to control my bowels.				
Living in my own home.				
Other - write in				

Part 2: Hope for recovery or natural death:

If I were very sick, told that I was to die soon, and that there was no reasonable hope that I would regain living in a way that was meaningful to me:			
	Yes	No	Not sure
I would want all possible treatments, even though my doctors don't think they could help me, because I would hope for a miracle to prolong my life.			
I would expect to be given care and treatment for pain or discomfort even when such care might shorten my life, make me feel like not eating, slow down my breathing, or be habit-forming.			
If I were in a coma and the doctors thought I have only a slight chance of returning to my normal health.			
	Yes	No	Not sure
I would want to be kept alive indefinitely, because I would still hope for a new medical development that would help cure me.			
I would not want to be given a treatment just to keep me alive when I had a condition that would cause me to die soon.			
I would not want to be given a treatment to keep me alive if I had a condition so bad (including substantial brain damage or brain disease) that there was no reasonable hope that I would regain a quality of life acceptable to me.			

Part 3: What are the personal, ethical, religious, or spiritual beliefs you want respected in decision-making about life-sustaining treatments?

Personal and spiritual beliefs	Yes	No	Not sure
It is always wrong to withhold (not start) treatments that could keep me alive.			
It is always wrong to withdraw (stop) treatments that could keep me alive after they've been started.			
It is wrong to withhold (not provide) nutrition and fluids given through tubes, even if I am terminally ill or in a permanent coma.			
I do not wish to receive a blood transfusion or any blood products, such as plasma or red blood cells.			
I would like to have my pastor, priest, rabbi, or other spiritual advisor consulted regarding any difficult health care decision that must be made on my behalf.			

Part 3 (cont.)	Yes	No	Not Sure
<p>I believe in other forms of treatment, such as healing through prayer, acupuncture, energy medicine, or herbal remedies. I want the following treatments included in my care: (write in)</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>			
<p>I believe that my loved ones should take their own interests into consideration, as well as mine, when making health care decisions on my behalf.</p>			
<p>I believe that it is acceptable to consider the financial burden of treatment on my loved ones when making health care decisions on my behalf.</p>			
<p>I believe that my loved ones should follow my directions as closely as possible.</p>			
<p>Additional beliefs and/or explanations for my beliefs:</p>			

Part 4: Treatments I do not want.

When I have one of the listed conditions, the treatments I DO NOT want include:				
I do NOT want	Coma	Dementia	Severe stroke	Terminal illness
Surgery				
Doing things to start my heart or breathing, if either stops (CPR)				
Medicine to treat infections (antibiotics)				
Artificial kidney machine (dialysis)				
Breathing machine (respirator, ventilator)				
Food or water given through a tube in the vein, nose, stomach (tube feedings or IV)				
Chemotherapy (cancer treatment)				
Radiation (cancer treatment)				
Blood transfusions				
Other treatments - write in				

Part 5: How you want to spend your last days.

	Very Important	Moderately Important	Not Important	Not sure
Avoiding pain and suffering, even if it means that I might not live as long.				
Being alert, even if it means I might be in pain.				
Being around my family and close friends.				
Being able to feel someone touching me.				
Having religious or spiritual advisors at my side when I die.				
Being able to tell my life story and leave good memories for others.				
Reconciling differences and saying “good-bye” to my family and friends.				
Being at home when I die.				
Being in a hospital when I die.				
Being kept alive long enough for my family to get to my bedside to see me before I die, even if I’m unconscious.				

My biggest hopes about the end of my life are:

My biggest fears about the end of my life are: