

Values Worksheet

Below are some questions to consider as you make decisions about your healthcare preferences. You may want to write down your answers and provide copies to your family members and healthcare providers, or simply use the questions as “food for thought” and a basis for discussion.

HOW IMPORTANT TO YOU ARE THE FOLLOWING ITEMS?

	VERY IMPORTANT		NOT IMPORTANT		
	4	3	2	1	0
Letting nature take its course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preserving quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staying true to my spiritual beliefs/traditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living as long as possible, regardless of quality of life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being independent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being comfortable and as pain-free as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaving good memories for my family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making a contribution to medical research or teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to relate to family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being free of physical limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being mentally alert and competent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being able to leave money to family, friends or charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dying more quickly rather than lingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding expensive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT ARE YOUR VALUES AND WISHES IN THE FOLLOWING AREAS:

1. What will be important to you when you are dying (e.g. physical comfort, no pain, family members present, etc.)?

(please turn over)

2. How do you feel about the use of the life-sustaining measures in the following situations?

- » Terminal illness
- » Permanent coma
- » Irreversible chronic illness
- » Dementia

3. Do you have strong feelings about particular medical procedures?

- » Mechanical breathing (respirator)
- » Cardiopulmonary resuscitation (CPR)
- » Artificial nutrition and hydration
- » Hospital intensive care
- » Pain-relief medication
- » Antibiotics
- » Chemo- or radiation therapy
- » Surgery

4. What limitations to your physical or mental health would affect the healthcare decisions you would make?

5. Would you want to be placed in a nursing home or care facility if your condition warranted?

6. Would you prefer hospice care, with the goal of keeping you comfortable in your home during the final period of your life, as an alternative to hospitalization?

7. In general, do you wish to participate or share in making decisions about your healthcare and treatment?

8. Would you always want to know the truth about your condition, treatment options and the chance of success of treatments?

(please turn over)



Written directives are an essential part of any end-of-life plan. The links here will help in locating advance directive documents and other forms that may vary from state to state.

ADVANCE DIRECTIVE

Once you're comfortable stating your values and priorities, you're ready to complete your advance directive. It clarifies your end-of-life preferences if you become unable to make or communicate medical treatment decisions yourself. Typically the advance directive includes a living will ("what I want") and a medical durable power of attorney ("who will speak for me"). It may also include other documents.

You can locate your state's forms in two places on our website. Scroll down to the state-by-state callout menu at CompassionAndChoices.org/advance-directive or visit CompassionAndChoices.org/ _____ (name of state) and click on the advance directive box.

PHYSICIAN ORDERS FOR LIFE SUSTAINING TREATMENT (POLST)

POLSTs are specific treatment orders that can be written by a physician. To learn more about them, start with our online DNR/POLST resource. (bit.ly/CCPOLST) You can also visit the national POLST website to learn more and see your state's form (Polst.org/programs-in-your-state). If you feel you need a POLST, you must complete the form with your physician.