Values Checklist and Guide: My Choices Near the Ending of Life

1. Most important of all to me when thinking about end of life choices are:
   ___ physical comfort    ___ relief of pain and suffering
   ___ family/friends present           ___ to die naturally at home, if possible
   ___ maintain my dignity & integrity ___ live as long as possible no matter what
   ___ other

2. In terms of living through serious illness and the ending of life, I define quality of life as:
   ___ reflecting my values & beliefs ___ the ability to direct my life decisions
   ___ recognizing family & friends ___ making my own decisions
   ___ having a say about care needs ___ maintaining my sense of independence
   ___ able to do things I enjoy doing ___ receiving palliative (supportive) care & hospice
   ___ other

3. If I could choose where I would be when I am dying, I would want to be:
   __ at home       __ in the hospital         __ in the nursing home    __ other_________________

4. What do you think about life-sustaining treatment? This means any medication, medical procedure or device that could be used to keep you alive when you otherwise would naturally die. This would include such things as: Cardiopulmonary resuscitation (CPR), using a breathing machine, using mechanical means to maintain blood pressure and heart rate, antibiotics, getting food or water by medical device (tube feeding), and other invasive treatments. What would you want to have in each situation below?
   • If you could recover sufficiently to be comfortable and active? ___ use   ___ don’t use
   • If you were near death with a terminal illness? ___ use   ___ don’t use
   • If your brain's thinking function were destroyed? ___ use   ___ don’t use
   • If you were moderately disabled by dementia e.g. Alzheimer's Disease? ___ use   ___ don’t use

5. What are some of the other things that are important to you?
   ___ nature of care should not devastate my family ___ my religious beliefs and traditions
   ___ to be pain free and comfortable ___ after death care issues
   ___ my spiritual care and well being ___ to be in a comfortable peaceful setting
   ___ to be returned to my home land after I die, that being_________________________________
   ___ other

6. Which family and friends would help you with your care when you are unable to care for yourself?

7. Do your loved ones know your wishes, values and beliefs about end of life care? ___ yes   ___ no

8. Have you talked to:
   (a) your doctor about these issues? ___ yes   ___ no
   (b) your pastor, minister, rabbi, priest or other spiritual leader about these issues? ___ yes   ___ no

   If you are using this as part of your Advance Care Plan please Print Name, Sign and Date below.

Print Name:__________________________/Sign: _________________________/Date:________
Other Things to Consider Concerning My End of Life Wishes
(If you do not do this part now, it is a good idea to think about these things and complete later.)

k9. I am a member of an organized church or religion?  ___yes  ___no
My specific faith, congregation or spiritual practice is ________________________________

10. To help attend to my spiritual needs as death approaches, I would call upon:
Name(s): ____________________________ Relationship: _________ Phone ________________
_____________________________________________________________________________

11. When I am dying I would like my surroundings as follows and I would like to have
with me these special possessions:

12. As I am near to the end of my life, I would like these people informed:

13. Following my death, I would like to also inform these people:

14. I have written or will write an announcement of death (obituary):  ____yes  ____no

15. My wishes for after-death care are for ___ natural death care ___ burial ___ cremation
My wishes for memorial activity are as follows:

16. If I have made arrangements, the contact person/phone is _________________________

17. Other things important for someone to know about me, in the event that I become
incapacitated or my death is close at hand?

18. ________________________________    ________________________________
   (your signature/date)                 (optional - witness signature/date)

Please attach additional sheets if needed. When completed, copy and share this with your
doctor, family and caregivers and make time for meaningful conversations in the process.
It also is important to properly complete an Advance Health Care Directive (AHCD) and
distribute that to people who may need to guide your care if and when you become unable to
make your wishes known and honored. When completing the AHCD, we recommend that you
attach to your AHCD this completed Values Checklist and Guide (or something similar) and note
in AHCD under "Special Instructions:" see Values Checklist attached. Advance Health Care
Directive forms are available without charge from physicians, hospitals, social service providers,
care homes and others.