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 (comfort) 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 your doctor 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.)

9. 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. Permission is herein granted for you to reproduce this for individual personal use. Professionals must have permission to reproduce and use.

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