

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:

- | | |
|--|--|
| <input type="checkbox"/> physical comfort | <input type="checkbox"/> relief of pain and suffering |
| <input type="checkbox"/> family/friends present | <input type="checkbox"/> to die naturally at home, if possible |
| <input type="checkbox"/> maintain my dignity & integrity | <input type="checkbox"/> live as long as possible no matter what |
| <input type="checkbox"/> other _____ | |
-

2. In terms of living through serious illness and the ending of life, I define quality of life as:

- | | |
|--|---|
| <input type="checkbox"/> reflecting my values & beliefs | <input type="checkbox"/> the ability to direct my life decisions |
| <input type="checkbox"/> recognizing family & friends | <input type="checkbox"/> making my own decisions |
| <input type="checkbox"/> having a say about care needs | <input type="checkbox"/> maintaining my sense of independence |
| <input type="checkbox"/> able to do things I enjoy doing | <input type="checkbox"/> receiving palliative (supportive) care & hospice |
| <input type="checkbox"/> 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?

- | | |
|---|--|
| <input type="checkbox"/> nature of care should not devastate my family | <input type="checkbox"/> my religious beliefs and traditions |
| <input type="checkbox"/> to be pain free and comfortable | <input type="checkbox"/> after death care issues |
| <input type="checkbox"/> my spiritual care and well being | <input type="checkbox"/> to be in a comfortable peaceful setting |
| <input type="checkbox"/> to be returned to my home land after I die, that being _____ | |
| <input type="checkbox"/> other _____ | |
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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.