

ADVANCE CARE PLANNING MY PERSONAL VALUES

Mark the extent to which you agree or disagree with each statement. Share your answers with your health care agent.

Any discrepancy between your preferences and those indicated by your presumed agent are beginning points for conversation. We trust this tool will be beneficial for you in determining an appropriate health care agent.

Physical Independence

1. I do not want to be dependent indefinitely on medical machines to be kept alive such as a breathing machine.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

2. I want to be able to die at home, if possible, rather than in a hospital or nursing home.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

Decision-Making

3. I want to remain as involved as possible in health care decisions about my care in consultation with my physician and other healthcare providers.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

4. I want basic information provided to me, which includes my disease process, likely outcome, benefits, risks, reasonable alternative treatments, and the likely effect of no treatment.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

5. I want to know if the treatment being considered is likely to achieve the agreed upon goals without undue burden.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
6. I believe I have the right to refuse medical treatment even if the refusal may unintentionally shorten my life.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
7. I want full disclosure of my diagnosis, even if it means there is little chance for recovery or no possibility of recovery.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree

Social/Relational Activities

8. I want to be able to engage in social activities such as visiting others, attending church or synagogue, and shopping.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
9. It is important to me to be able to recognize family members throughout my healthcare experience.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
10. I want to be able to communicate and understand others.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree
11. I believe cost should be considered in the type of treatment I receive.
 Strongly Agree Agree Not Sure Disagree Strongly Disagree

Aggressiveness of Medical Treatment

12. I do not want feeding tubes, including stomach tubes, nasogastric tubes, which are placed down the nose, or intravenous feedings, except to increase my comfort or reduce my pain.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

13. I would rather err on the side of over-medication rather than under-medication for pain, even if taking such may result in my death.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

14. I want to be an organ and tissue donor.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

15. I would like all treatments possible to keep me alive, even if I will never get better.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

16. I do not want any attempt at resuscitation or advanced life support. This includes machines to help breathing or medications to maintain the heart and blood pressure.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

17. I want the use of any medical treatments possible if these would help me to return to the quality of life I have today.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

18. I would like to have an autopsy done so that more can be learned about my illness.

Strongly Agree Agree Not Sure Disagree Strongly Disagree

Adapted from My Voice-My Choice