

## ADVANCE CARE PLANNING

### MY PERSONAL VALUES

This tool will be beneficial for you in determining an appropriate health care agent. Mark the extent to which you agree or disagree with each statement. Share your answers with the person whom you think would be a good decision-maker for you. Any discrepancy between your preferences and those indicated by your proposed agent are great beginning points for conversation.

### General Guidelines

1. I do not want to be indefinitely dependent on medical interventions (e.g., breathing machines, kidney dialysis, CPR, artificial nutrition and hydration etc.) only to be kept alive.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
2. I want to be able to die at home, if possible, rather than in a health care institution or nursing home facility.  
 Strongly Agree     Agree     Disagree     Strongly Disagree

### Level of Independent Decision-Making

3. I want to remain as involved as possible in health care decisions about my care in consultation with my physician(s) and other healthcare providers.  
 Strongly Agree     Agree     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     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     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     Disagree     Strongly Disagree
7. I want full disclosure of my diagnosis, even if there is little chance for recovery or no possibility of recovery.  
 Strongly Agree     Agree     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     Disagree     Strongly Disagree

9. It is important to me to be able to recognize my immediate family members throughout my healthcare experience.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
10. I want to be able to communicate and understand others.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
11. I believe cost should be considered in the type of treatment I receive.  
 Strongly Agree     Agree     Disagree     Strongly Disagree

**Aggressiveness of Medical Treatment at End of Life**

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     Disagree     Strongly Disagree
13. I want to be an organ and tissue donor.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
14. I would like all treatments possible to keep me alive, even if I will never get better.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
15. 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     Disagree     Strongly Disagree
16. I want consideration given to 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     Disagree     Strongly Disagree
17. I would like to have an autopsy done so that more can be learned about my illness.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
18. My current medical conditions affect my ability to function.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
19. I wish to have clergy visit me.  
 Strongly Agree     Agree     Disagree     Strongly Disagree
20. In my opinion I feel my current health status is:     Good     Fair     Poor

Other Wishes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_