

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 (comfort) 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?

___ nature of care should not devastate my family
 ___ to be pain free and comfortable
 ___ my spiritual care and well being
 ___ to be returned to my home land after I die, that being
 ___ other _____

___ my religious beliefs and traditions
 ___ after death care issues
 ___ to be in a comfortable peaceful setting

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:** _____

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 (707) 539-2364 network@pacific.net www.CaringCommunity.org

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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