

## 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. If you are unsure, check "not sure." 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.*

	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
<b>Level of Independent Decision-Making</b>					
1. I want to remain involved in health care decisions about my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I want information provided to me about my health care (e.g. understanding my disease, likely outcome of treatment, benefits, risks, reasonable alternative treatments, and consequences if I select no treatment).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I want to know if the treatment being considered is likely to achieve the goals I've set for my life/health without causing excessive burden on me or my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I have the right to refuse medical treatment even if the refusal may shorten my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. It is important to me to know about my diagnosis and overall health, even if there is little chance for recovery or no possibility of recovery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social/Relational Activities</b>					
6. I want to be able to engage in activities that bring me meaning and purpose (e.g. visiting others, attending church or synagogue, or travel).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. It is important to me to be able to recognize my immediate family members throughout my treatment/dying process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I want to be able to talk to and understand others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I believe cost/insurance coverage should be considered in the type of treatment I receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strongly Agree    Agree    Not Sure    Disagree    Strongly Disagree

<b>Aggressiveness of Medical Treatment at End of Life</b>					
10. I want feeding tubes, including stomach tubes or nasogastric tubes (which are placed down the nose), or intravenous feedings, unless it reduces my comfort or increases my pain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I would like all treatments possible to keep me alive even if I can no longer experience things I've found meaningful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I want all attempts to start my heart or breathing if it stops or receive other types of advanced life support (e.g. dialysis if my kidney's fail; breathing machine if I cannot breathe on my own; medications to address my blood pressure issues, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I want consideration given to the use of any medical treatments possible if these treatments would help me to return to a life where I can experience joy, love and the things I find important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I would like to have an autopsy done so that more can be learned about my illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>General Guidelines</b>					
15. I do not want to be indefinitely dependent on medical interventions (e.g., breathing machines) only to be kept alive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I want to be able to die at home, if possible, rather than in a hospital or nursing home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I want to be an organ, eye and tissue donor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>