Values Checklist and Guide for Decisions Concerning
My Care Through Terminal Illness or When Otherwise Frail & Dying

for (print name and date completed): ________________________________

1. The following items marked by an X indicate my priorities:
   ___ physical comfort
   ___ relief of pain and distress
   ___ family/friends present
   ___ to die naturally at home, if possible
   ___ feeling content about life
   ___ live as long as possible no matter what
   ___ other

2. I define quality of life as including the following indicated by an X:
   ___ consistent with my values & beliefs
   ___ ability to direct my life decisions
   ___ recognizing family & friends
   ___ maintaining a sense of independence
   ___ having sufficient resources
   ___ making my own decisions
   ___ having a say about care needs
   ___ receiving palliative (comfort) care & hospice
   ___ other

3. My caregiver preferences include:

4. Regarding the use of life-sustaining procedures (e.g. assistance with respiration, mechanical means to maintain blood pressure and heart rate, tube feeding):
   • If I were gravely impaired by Alzheimer's Disease? ___ use ___ don't use
   • If my brain's thinking functions were destroyed? ___ use ___ don't use
   • If I could recover sufficiently to be comfortable and active? ___ use ___ don't use
   • If I were near death with a terminal illness? ___ use ___ don't use

5. I have completed items marked by an X. The notes indicate where my documents are located and who has copies or who has related authority.
   ___ Advance Health Care Directive
   ___ A Nomination of Conservatorship
   ___ A Durable Power of Attorney for Finances
   ___ A Will or Living Trust
   ___ Non-hospital Do Not Resuscitate Form
   ___ Other papers needed for someone to manage my affairs

6. I am a member of an organized church or religion? ___ yes ___ no

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Visit our new website at www.CaringCommunity.org
My specific faith or congregation is ____________________________________________

7. To help attend to my spiritual needs as death approaches, I would call upon:
Name(s):_________________ Relationship:_________ Phone______________

8. When I am dying I would like my surroundings as follows and I would like to have with me special possessions noted.

9. As death is approaching, I would like these people informed:

10. Following my death, I would like informed:

11. I would like my announcement of death (obituary) to include:

12. My wishes for after-death care and memorial activity are as follows, and if I have made arrangements, the contact person is indicated.

13. Other things important for someone to know about me, in the event that I become incapacitated or my death is close at hand?

14. _______________________________ _________________________________
   (your signature/date)    (optional - witness signature/date)

Note: Complete and share this with your doctor, family and caregivers. Attach additional sheets if needed. Also, it is important to complete legal documents stating your intentions for care and who has authority to act on your behalf, when you become incapacitated. Without documents completed in a legally acceptable manner and distributed to those who should have them, life’s ending could become a helpless, frustrating situation for you and others.

Advance health care directive forms are available without charge from physicians, hospitals and social service providers.

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