## Values Checklist and Guide: My Choices Near the Ending of Life

physical comfort	nen thinking about end of relief of pain	
family/friends present		ly at home, if possible
maintain my dignity & integrity	live as long as	s possible no matter what
other		
2. In terms of living through serio		
reflecting my values & beliefs recognizing family & friends	the ability to di making my ow	rect my life decisions n decisions
having a say about care needs		sense of independence
able to do things I enjoy doingother_	receiving pallia	tive (supportive) care & hospice
3. If I could choose where I would at home in the hospital	d be when I am dying, I w in the nursing hom	
4. What do you think about life-sust or device that could be used to keep yo such things as: Cardiopulmonary resust to maintain blood pressure and heart ra feeding), and other invasive treatments	u alive when you otherwise veitation (CPR), using a breath te, antibiotics, getting food or	would naturally die. This would include ning machine, using mechanical means r water by medical device (tube
• If you could recover sufficiently to be comfortable and active?		usedon't use
• If you were near death with a terminal illness?		usedon't use
• If your brain's thinking function were	If your brain's thinking function were destroyed?	
• If you were moderately disabled by d	lementia e.g. Alzheimer's Dis	sease?usedon't use
<ul> <li>5. What are some of the other things</li> <li>nature of care should not devastate</li> <li>to be pain free and comfortable</li> <li>my spiritual care and well being</li> <li>to be returned to my home land aft</li> <li>other</li> </ul>	my family my religeration after de to be in	gious beliefs and traditions eath care issues a comfortable peaceful setting
6. Which family and friends would by yourself?	nelp you with your care whe	en you are unable to care for
7. Do your loved ones know your with	shoe values and haliefs abou	ut and of life case? The second
7. Do your loved ones know your wis	snes, values and denets adol	ut end of me care:yesno
<ul><li>8. Have you talked to:</li><li>(a) your doctor about these issue</li><li>(b) your pastor, minister, rabbi,</li></ul>		der about these issues? _yesno
If you are using this as part of you	r Advance Care Plan pleas	e Print Name, Sign and Date below.

## 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.)

k9. I am a member of an organized church or religion?yesno  My specific faith, congregation or spiritual practice is				
-	v =		oaches, I would call upon:Phone	
	dying I would like my special possessions:	surroundings as	follows and I would like to have	
12. As I am ne	ar to the end of my life	e, I would like the	se people informed:	
13. Following	my death, I would like	to also inform the	ese people:	
14. I have writ	ten or will write an an	nouncement of de	eath (obituary):yesno	
15. My wishes	for after-death care a	re for natural o	leath care burialcremation	
My wishes for 1	memorial activity are	as follows:		
16. If I have m	ade arrangements, the	e contact person/p	hone is	
	gs important for some or my death is close at l		t me, in the event that I become	
18(voi	ır signature/date)	(on	tional - 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.