

Name \_\_\_\_\_

DOB \_\_\_\_\_

## Choices in Caring

*Your doctor and health care team may be able to help give you the best care if he/she understands your views of what is important to you about medical treatment choices. These choices may change, and it is important to review these periodically with your doctor and health care team.*

*If you were to become seriously ill, and medical treatment decisions were to be made for you, how would you feel about the following statements?*

1. I would want my care to be at a place nearby family members.

Strongly Agree      Agree      Not Sure      Disagree      Strongly Disagree

2. It is important to try medical treatments, including those that might only have a small chance of working.

Strongly Agree      Agree      Not Sure      Disagree      Strongly Disagree

3. The comfort or discomfort of medical treatments should be considered along with the hope of prolonging life.

Strongly Agree      Agree      Not Sure      Disagree      Strongly Disagree

4. I want medical treatments that prolong life, even if there is a loss of physical function

Strongly Agree      Agree      Not Sure      Disagree      Strongly Disagree

5. I want medical treatments that prolong life, even if there is a loss of mental function

Strongly Agree      Agree      Not Sure      Disagree      Strongly Disagree

6. I am willing to endure complications from treatments.

Strongly Agree      Agree      Not Sure      Disagree      Strongly Disagree

7. Medical treatments that prolong life but leave a person unable to enjoy life activities should be used.

Strongly Agree      Agree      Not Sure      Disagree      Strongly Disagree

8. I trust my family (or decision-maker) to make medical treatment choices for me if I am not able.

Strongly Agree      Agree      Not Sure      Disagree      Strongly Disagree

9. Intensive care, life support measures should be continued as long as possible.

Strongly Agree      Agree      Not Sure      Disagree      Strongly Disagree

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## *Choices in Caring*

Can you name some things that you hope to be able to enjoy for the rest of your life?

If we were to ask the person who knows you best, "What is most memorable about you?" or "What makes you special or unique?" they would say....

We hear people say "He/she no longer has any quality of life." It is important for us to understand what people mean when they say that. Are there changes in life that might leave you feeling that way? How important are each of the following to your idea of quality of life?

VI = Very Important I = Important S = Somewhat Important N = Not Important

\_\_\_ Being able to talk with family and friends

\_\_\_ Being able to eat independently

\_\_\_ Not being dependent on medical care

\_\_\_ Being able to learn new things

\_\_\_ Being free of uncontrolled pain

\_\_\_ Being able to make my own decisions

\_\_\_ Being able to take care of myself in the morning  
(dressing, using the bathroom)

\_\_\_ Being able to run errands

Other important areas for your quality of life?