

Advance Care Planning

Personal Worksheet

Considering what is meaningful and important to you:

1. What gives your life value, meaning, and purpose?
2. What are your biggest fears or worries about the future of your health?
3. What or who supports you during difficult times?
4. What abilities are critical to your life that you can't imagine living without them?
5. What are important goals if your health situation worsens?

Notes: _____

Considering your spiritual, religious, cultural or other personal beliefs:

1. What role does spirituality, religion, and/or culture have in your life?
2. What specific practices or beliefs would be important for your medical team to know when providing care for you? (i.e. dietary restrictions, use of blood products, etc)
3. What role do your beliefs play in regards to death and dying? Do you have questions or concerns related to this? Who can you discuss these with?
4. If you have conflicting beliefs with someone who may be making decisions for you, how would you work through this? What do you need to tell them?

Notes: _____

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Please contact a social worker for Advance Care Planning assistance at **800-356-7344 ext. 1915**

Considering treatments:

1. Have you talked with your loved ones about treatment options that will keep you comfortable (e.g. pain medication, palliative care, breathing medication) versus treatment options that will keep you alive (e.g. Feeding tube, ventilator, CPR)?
2. How much medical treatment are you willing to go through for the possibility of gaining more time?
3. Which treatments would you accept regardless of how they make you feel?
4. What specific questions about your health would you like to discuss with your doctor?
5. How do finances and concerns about burden influence your decisions about medical care? Are these concerns known to those closest to you?

Notes: _____

Considering all of the above:

1. Who do you trust to make health care decisions for you in the future?
2. How does your family communicate? Are there dynamics in your family relationships that may impact your wishes? How might you address these?
3. Many insurance plans will cover an office visit for advance care planning. What thoughts about your quality of life, values/beliefs, illness, treatments and health care experiences would you want to talk to your doctor about?
4. Where do you prefer to be toward the end of life? (i.e.: hospital, assisted living, nursing home, home)

Notes: _____
