Casket & Monument Co. 14618 E. Whittier Blvd. Whittier, CA 90605
For more information, Call Heather Kobler @ (562) 884-4328

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

1. Most important of all to me when thinking about end of life choices are:

___physical comfort
___family/friends present
___maintain my dignity & integrity
___relief of pain and suffering
___to die naturally at home, if possible
___live as long as possible no matter what
___other_____

2. In terms of living through serious illness and the ending of life, I define quality of life as:

___reflecting my values & beliefs
___recognizing family & friends
___having a say about care needs
___able to do things I enjoy doing
___the ability to direct my life decisions
___making my own decisions
___maintaining my sense of independence
___receiving palliative (comfort) care & hospice
___other_____

3. If I could choose where I would be when I am dying, I would want to be:

__ at home __ in the hospital __in the nursing home __other_____

4. What do you think about life-sustaining treatment? This means any medication, medical procedure or device that could be used to keep you alive when you otherwise would naturally die. This would include such things as: Cardiopulmonary resuscitation (CPR), using a breathing machine, using mechanical means to maintain blood pressure and heart rate, antibiotics, getting food or water by medical device (tube feeding), and other invasive treatments. What would you want to have in each situation below?

- If you could recover sufficiently to be comfortable and active? __use __don't use
- If you were near death with a terminal illness? __use __don't use
- If your brain's thinking function were destroyed? __use __don't use
- If you were moderately disabled by dementia e.g. Alzheimer's Disease? __use __don't use

5. What are some of the other things that are important to you?

___ nature of care should not devastate my family
___ to be pain free and comfortable
___ my spiritual care and well being
___ my religious beliefs and traditions
___ after death care issues
___ to be in a comfortable peaceful setting
___ to be returned to my home land after I die, that being_____
___ other_____

6. Which family and friends would help you with your care when you are unable to care for yourself?

7. Do your loved ones know your wishes, values and beliefs about end of life care? __yes __no

8. Have you talked to:

(a) your doctor about these issues? __ yes __ no

(b) your pastor, minister, rabbi, priest or other spiritual leader about these issues? _yes __no

If you are using this as part of your Advance Care Plan please Print Name, Sign and Date below.

Print Name:_____/Sign:_____/Date:_____