
FORM TWO | Health Decisions Worksheet

This worksheet is presented for your convenience to help you consider and explain your goals for care. Understanding your values and priorities gives everyone valuable information about the kind of care you would and would not want in different situations. Your answers can help you start a conversation with your doctor, health care agent, and loved ones.

While your state's law probably will not legally recognize this document as a living will, it will still provide clear evidence of your wishes if you cannot speak for yourself. If you like, you can transfer the information to a state-specific living will form, too.

Directions

The questions in this directive will help you describe your goals for care, end-of-life thoughts and preferences, and decisions about comfort care and organ donation. Alternatively, you can fill out your preferences for care by using four possible scenarios in our Generic Living Will if you prefer. Read the form first to decide which approach would work best for you.

Feel free to jot down thoughts in complete sentences or in fragments, whichever is more comfortable for you. You may find you don't have answers for some of the questions. If you need more space, use another sheet of paper. Revisit these questions if your medical status or other important matters change.

Name of person completing this worksheet

Date

Questions on medical care

In general, what are my goals for end-of-life care? For example, do I want to be kept alive as long as possible in any circumstances? Or, if I were in a coma and unable to hear, feel, think, talk, or eat, and my doctors said I had little hope of recovery, would I want to be allowed to die?

Most people imagine the end of their life as far in the future. Would my answer to the first question change if I were hit by a car tomorrow? (Be cautious. Research tells us that some people become more accepting of illness and disability once they experience it.)

If I were unconscious, unable to hear, feel, think, talk, or eat, and my doctors said I had little hope of recovery:

- I would want artificial nutrition (tube feeding).
- I would want artificial hydration.
- If I were unable to breathe on my own, I would want to be kept alive by a mechanical ventilator.

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If I were unconscious, and unable to hear, feel, think, talk, or eat:

- I would want to try artificial nutrition (tube feeding) for a trial period if my doctor thought it might help me regain consciousness. I would want it stopped if it failed to help.
- I would want to try artificial hydration for a trial period if my doctor thought it might help me regain consciousness. I would want it stopped if it failed to help.
- If I were unable to breathe on my own, I would want to be kept alive by a mechanical ventilator for a trial period if my doctor thought it might help me regain consciousness. I would want it stopped if it failed to help.

Notes: _____

If I had severe brain damage (say, I could neither speak nor understand what was going on around me) and was not expected to recover:

- I would want to be kept alive by machines, such as a mechanical ventilator, and receive artificial nutrition (tube feeding), artificial hydration, and any other measures intended to keep me alive.

Notes: _____

What, if anything, bothers me about being kept alive by machines?

How much weight do I give the opinions of doctors? Of my family members?

Before making medical decisions on my behalf, I would like my health care agent, if I have appointed one, to consult with the people named below. However, my agent will have the right to overrule the opinions of other people, even those I have asked him or her to consult.

Do I have any religious or spiritual beliefs that should guide doctors and others responsible for making decisions about my care?

What are my biggest concerns or fears regarding care near the end of life?

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Thoughts and preferences

In general, how do I feel about the final stage of life? What do I think my fears will be? What do I think will bring me the most joy?

If I had only a short time to live, what would my most important priorities be?

How much information would I like doctors to share with my family and loved ones?

Where and how would I like to spend the last days of my life?

Would I like music played or particular items kept near me?

Would I like lots of visitors? Just a few?

When I am close to death, would I like a religious leader called to my bedside? Yes No

Who else would I like to have notified?

Comfort care and hospice

Do I want comfort care to relieve pain, labored breathing, nausea, anxiety, confusion, and other distressing symptoms? Yes No

Which symptoms, if any, concern me?

Under what circumstances would I want other treatments stopped and comfort care only?

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Would I consider hospice care? Yes No

If so, under what circumstances, given the fact that hospice care is only available to people who cannot be medically cured and who are considered to be within six months of dying?

Organ and tissue donation

Would I like to be an organ and tissue donor?

- No. I do not wish to donate organs or tissue.
- Yes. I would like to donate any organ and tissue.
- Yes. I would like to donate only the following organs or tissue:

Notes: _____

I want my donation, if any, to be for the following purposes (cross out any choices you do not want):

- Transplant or research Transplant only Research only

If necessary, I give my permission to temporarily place me on a mechanical ventilator and take other measures necessary for organ donation. Yes No