KNOWN WISHES

Values Worksheet

VALUES WORKSHEET of _____

(Name)

Consider how important these values are to me.	**1 (Low – High) 5**				
Staying true to my values and traditions. (For example: decisions made about my healthcare are consistent with the way I've lived my life prior to becoming ill, even if it means I could lose quality of life, die sooner or not be in the best care.)	**1**	**2**	**3**	**4**	**5**
Following my spiritual and religious beliefs. (For example: I want my healthcare to be consistent with my spiritual and religious beliefs and the religious doctrine/teachings I follow.)	**1**	**2**	**3**	**4**	**5**
Letting nature take its course. (For example: I would or would not want life extending treatment or curative treatment to interfere with the natural dying process.)	**1**	**2**	**3**	**4**	**5**
Living as long as possible, regardless of quality of life. (For example: Provide me with all curative treatment to sustain my life, even if it impacts my health.)	**1**	**2**	**3**	**4**	**5**
Shortening the dying process rather than prolonging life if terminally ill or suffering. (For example: I would consider Medical Aid in Dying or Voluntarily Stopping Eating and Drinking.)	**1**	**2**	**3**	**4**	**5**
Having autonomy and making choices about my care. (For example: I want to remain in control of all healthcare decisions as long as I am capable. I do not have someone I trust to make decisions for me.)	**1**	**2**	**3**	**4**	**5**
Being independent. (For example: how important it is to me to care for myself vs allowing others to care for me if I were to lose cognitive or physical independence, and to what degree.	**1**	**2**	**3**	**4**	**5**

Being conscious, even if uncomfortable and experiencing pain. (For example: I want my pain medications balanced to allow for some cognitive capacity to make my own healthcare decisions or decisions with my Healthcare Proxy.)	**1**	**2**	**3**	**4**	**5**
Being slightly sedated, to avoid pain. (For example: I trust those I've named or healthcare professionals to make decisions for me so I can remain comfortable when/if experiencing pain.)	**1**	**2**	**3**	**4**	**5**
Being free of physical limitations or disabilities. (For example: how important is my physical ability and what limitations or disabilities would or would not be acceptable in relation to my quality of life.)	**1**	**2**	**3**	**4**	**5**
Being free of cognitive limitations and disabilities. (For example: how important is my mental capacity and ability to make my own decisions and live independently vs letting others make decisions for me.)	**1**	**2**	**3**	**4**	**5**
Remaining in my place of residence vs. moving for better care, safety, or cost.	**1**	**2**	**3**	**4**	**5**
Leaving good memories for my family and friends, saying goodbye. (For example: consider whether I would want loved ones to see me suffering or in a compromised state if I was ill and or in the dying process. Importance of letters, gestures, gifts you want to leave.)	**1**	**2**	**3**	**4**	**5**
Contributing to life-extension for others or medical research/teaching through organ and/or full body donation. (For example: how important it is to offer my full body, tissue or organs to provide sustained life for others or to medical research or teaching.)	**1**	**2**	**3**	**4**	**5**
Avoiding expensive care that doesn't extend quality of life. (For example: how important it is to avoid expensive extreme measures that would not extend quality of life vs doing everything possible regardless of the outcome.)	**1**	**2**	**3**	**4**	**5**
Leaving money and valuables to family, friends, and/or charity. (For example: how important it is to me to leave and designate valuable items or money to friends, family, loved ones or charity.)	**1**	**2**	**3**	**4**	**5**