

# Advance Care Planning

## Personal Worksheet

### Considering what is meaningful and important to you:

1. If something happens to your health, would you be prepared?
2. What gives your life value, meaning, purpose?
3. What are your fears?
4. What would you miss most if you couldn't walk, talk, eat or think like you do now? (e.g., Time with family, child's wedding, riding your motorcycle, your dogs, traveling in your RV, quilting)
5. Who knows about your priorities?

**Notes:** \_\_\_\_\_  
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### Considering treatments (should be an ongoing conversation over time):

1. Are completing bucket-list wishes more important than certain treatments? Would you have regrets if certain wishes are not completed?
2. Is it more important for you to live for more days even if the treatment disrupts your daily routine?
3. What would you be willing to do or not do in order to keep what is most important to you in your life? (e.g., Dialysis three times per week, pain medication that sedates you)
4. Would you accept all treatments regardless of how they make you feel? (e.g., Chemotherapy that makes you nauseous, transfusions that make you tired)
5. Do you want chest compressions and artificial breathing if your heart stops?
6. Have you talked with your doctor about treatment options which keep you

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comfortable (e.g., Pain medication, palliative chemotherapy, breathing medications) versus treatment options that will keep you alive (e.g., Feeding tube, ventilator)?

7. In what situations would you want life-sustaining treatments to stop? Are you aware that if you choose this approach, you can obtain a “do not resuscitate” (DNR) bracelet from your doctor? Are you aware that this must be worn at all times?

8. Is your financial situation affecting your decisions? Are your concerns about financial burden known to those closest to you?

**Notes:** \_\_\_\_\_  
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### Considering your spiritual, religious, cultural or other personal beliefs:

1. Do you need your loved ones to know about these beliefs?
2. 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?
3. Do you have questions related to your faith? To whom can you go?
4. Would it be helpful for you to talk to your spiritual support person about your concerns, wishes?
5. How does your family communicate? Are there conflicts in your family relationships that may impact your wishes? How might you address these conflicts?

**Notes:** \_\_\_\_\_  
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### Considering personal beliefs:

1. Does your document need updating? If you’ve completed a document in the past, have you looked at it recently and do you need to make changes by filling out a new

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document?

2. Who would you want to speak for you about health care decisions if you could not communicate for yourself?
3. Are you aware that if you do not make your decisions known ahead of time, you will be offered full treatment(s)?
4. Do you want to talk to your doctor(s) about your wishes/concerns? Are you aware many insurance plans will cover an office visit appointment to discuss advance care planning?
5. Did you know that talking about your wishes now can help your loved ones feel more confident in medical decisions made on your behalf?
6. Did you know that if you travel, it is wise to carry your forms with you in case something happens?

**Notes:** \_\_\_\_\_  
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