

MY VALUES: WHAT MAKES LIFE WORTH LIVING WORKSHEET

Consider if a sudden event (accident or illness) left you unable to communicate. You are receiving all of the care needed to keep you alive. The doctors believe there is little chance you will recover the ability to know who you are or who you are with. This worksheet will help your patient advocate understand what matters most to you. It is intended to provide guidance when making medical treatment decisions from the options presented by your physician or health care team.

Respecting Choices at Beaumont certified facilitators are available to you, free of charge, to assist in the completion of this document. When you choose to meet with a facilitator you and others you choose to participate will be guided in a conversation surrounding your experiences and what living well means to you.

Please complete each sentence below according to your values.	Worth living, or acceptable	Somewhat worth living	Not worth living	Don't know or not sure
If I can no longer recognize or interact with my family or friends, and there is no reasonable hope for improvement, my life would be...				
If I am unable to think clearly and make my own decisions, and there is no reasonable hope for improvement, my life would be...				
If I must be on a breathing machine for the rest of my life, my life would be...				
If I cannot enjoy food and cannot feed myself or eat on my own ever again, my life would be...				
If I am unable to talk and/or express my feelings, wants or needs, and there is no reasonable hope for improvement, my life would be...				
If I am in severe pain that cannot be relieved most of the time, my life would be....				
If I can no longer walk on my own and must rely on the use of a walker, a wheelchair etc., and there is no reasonable hope for improvement, my life would be...				
If I am unable to attend to my spiritual and/or religious needs ever again, my life would be...				
If I am never again able to go out for social activities such as visiting friends, shopping and/or traveling, my life would be...				
If cannot financially contribute, or become a financial burden to my family, my life would be...				
If I am never again able to take care of my hygiene needs, such as showering and/or toileting myself, my life would be...				

My comments:

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PATIENT NAME (please print): _____

PATIENT SIGNATURE: _____ Date: _____