

VALUES QUESTIONNAIRE

YOUR NAME		DATE OF BIRTH	DATE		
ADD	ADDRESS				
CITY		STATE	ZIP		
The following questions can help you think about your values as they relate to medical care decisions. You may use the questions to discuss your views with your health care agent and others, or you may write answers to the questions as a help to your agent and health care team.					
1.	What do you value most about your life? (One workshop p "bring you joy.")	articipant suggested that yo	ou might list those things tha		
2.	How do you feel about death and dying? Do you fear death one? Did that person's illness or medical treatment influence.				
3.	Do you believe life should always be preserved as long as po	ossible?			

YOUR NAME DATE OF BIRTH DATE



poor (less than one in ten)?

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page 2

N	ETWORK
4.	If not, what kinds of mental or physical conditions would make you think that life-prolonging treatment should no longer be used? For example, it may be when you are: • unaware of your life and surroundings; • unable to appreciate or continue the important relationships in your life; • unable to think well enough to make everyday decisions; • in severe pain or discomfort; or • other circumstances:
5.	Could you imagine reasons for temporarily accepting medical treatment for the conditions you have described? What might they be?

6. How much pain and risk would you be willing to accept if your chances of recovery from an illness or injury were

YOUR NAME DATE OF BIRTH DATE



page 3

7.	Do you hold any religious or moral views about medicine or particular medical treatments? What are they?
8.	Should financial considerations influence decisions about your medical care? Explain.
9.	What other beliefs or values do you hold that should be considered by those making medical care decisions for you if you become unable to speak for yourself?
10.	Most people have heard of difficult end-of-life situations involving family members or neighbors or people in the news. Have you had any reactions to these situations? If so, describe: