



Advance Care Planning, Quality of Life Considerations

Following are some questions that may help you consider how you define quality of life and what matters most to you at the end of life. We invite you to use this tool when talking with your family, your physician or completing your advance directive forms.

How important are the following items to you?

Not Important → Very Important

	0	1	2	3	4
Living as long as possible, regardless of my quality of life					
Being independent					
Dying in a short period of time rather than lingering					
Being comfortable and as pain-free as possible					
Saying goodbye to the people in my life					
Avoiding expensive care					
Leaving good memories for family and friends					
Letting nature take its course					
Being able to communicate with and relate to my family and friends					
Being free of physical limitations					
Being mentally alert and competent					
Being able to leave money to family, friends and/or charity					
Staying true to my spiritual beliefs and traditions					
Donating my organs to save another life					

Other Considerations of Importance-

Questions to Consider regarding end of life experience

1. Have you experienced the death or sudden illness of a friend or loved one? If so, **what did you learn** from that experience?
2. What does **“living well”** look like to you?
3. How do you feel about using life-sustaining measures in the face of terminal illness? Permanent coma? Irreversible chronic illness or disability (ie: Alzheimer’s disease)?
4. If a life-sustaining measure such as CPR, breathing machine/ventilator, feeding tube for artificial nutrition/water, or dialysis could be used to keep you alive, what quality of life would you want in those circumstances?
5. Do you always want to know the truth about your condition, treatment options and chance of success with those treatments?
6. Would you want finances considered when treatment decisions are made?
7. How would you feel about moving to an assisted living/adult family home/nursing home if your family could not care for you at home?
8. With the primary goal being comfort, do you want hospice care? Where would be most comfortable (own home, a care facility, hospital)?
9. Do you have any religious, cultural, or personal beliefs that might influence your life-sustaining treatment choices?
10. What will be important to you **when** you are dying: family members present (or not), certain music/TV, pets, storytelling/quiet)?
11. What will be important to you **after** death (ie: burial/cremation/composting; traditional funeral/celebration of life/no service)?