

Goals of Care Worksheet

(version A)

This worksheet has two purposes:

1. To help you think about what kind of health care you want in the future. Please talk about this with your health care agent (your medical decision-maker) and with other family. They might help you think about what you want and provide useful information. Someone's priorities can change over time, so it can be helpful to do this more than once.
2. To record today what you want based on your health and values. You, your family and doctors can review your answers any time. If someone else has ever has to make health care decisions for you, it will help them to know more about your care goals.

Patient name: _____

Date of birth: ____ / ____ / ____

To help keep track of the most recent version of this document, please write today's date:

____ / ____ / ____

If someone else has helped you to complete this worksheet, please write his/her name:

1

What is most important in your life? (Choose as many as you want)

- Family or friends
 - Religion
 - Living on my own and caring for myself
 - Not being a burden on my family
 - Hobbies (such as: _____)
 - Pets
 - Something else (write in here): _____
- _____
- _____

2

What are you most proud of about yourself?

(For example: achievements, how you treat others, or personality traits)

3

Can you imagine health situations that would make your life not worth living? (Choose one)

- Life is always worth living no matter what serious illness, disability, or pain I may be experiencing
- I am not sure
- There may be some health situations that would make my life not worth living, such as:

(Choose as many as you want)

- Never being able to wake up from a coma
- Never being able to get out of bed
- Never being able to communicate with family or friends
- Never being able to feed, bathe, or take care of myself
- Having to be kept alive on machines
- Always being in pain
- Something else (write in here): _____

4 What brings you pleasure and joy?

(For example: music, reading, being outdoors, or being around family)

5 Sometimes illness and the treatments used to try to help people live longer can cause pain, side effects, and the inability to care for oneself. **If you had a serious illness, what would be important to you?** *(Choose one)*

- I want medical treatments to **try to live as long as possible**. I would not want to stop treatment even if I were in pain, could not feed or care for myself, or needed machines to live.
- I want to **focus on quality of life** and being comfortable, even if it means having a shorter life.
- I want a **balance between comfort and living longer**. I would be willing to try treatments even if I were in pain or were unable to feed or care for myself, but only for a while. If after a period of time the treatments do not help, or if my doctors think these treatments will not bring me back to a good quality of life, I would want to stop.
- I am not sure.

6 Some people have strong feelings about certain treatments like CPR, dialysis, breathing machines, or feeding tubes. Sometimes this is because they have personal experiences of family or friends who have had these treatments. Sometimes this is because of research they have done on their own. Please talk with your health care agent about whether there are any treatments that you know you would not want. If so, you can say so here. *(Leave this blank if you're not sure)*

7 Is there anything you want your doctors and health care agent to know about **your religion, spirituality, or cultural practices?**

8 If you could plan it today, what would the last day or week of your life be like?

Where would you be? What would your environment be like? _____

Who would be there, if anyone? _____

What would you be doing? _____

What would you eat? _____

How would you want to be remembered? _____
