

# Goals of Care Worksheet

(version B/m)

This worksheet is designed to help you think about the kind of health care your loved one should receive in the future.

- This will help his doctors and caregivers plan care that is most consistent with his values. While we can't predict the future in detail, we can think about the overall goals that your loved one would want to guide his care.
- Some patients will be able to participate in answering these questions. In other cases, you may have to make your best judgment about how your loved one would have answered if he had been asked these questions before having problems with his thinking and memory.
- We also encourage you to talk about these questions with his other family, friends, and doctors. They might help you to think about what he would want and provide useful information.

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of person completing this worksheet:

\_\_\_\_\_

**1** Thinking about your loved one's life as a whole, what has been most important to him? *(Choose as many as you think he would agree with)*

- Family or friends
- Religion
- Living on her own and caring for himself
- Not being a burden on his family
- Hobbies (such as: \_\_\_\_\_)
- Pets
- Something else (write in here): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**2** Over his life as a whole, what has your loved one been most proud of about himself?

*(For example: achievements, how he treats others, or personality traits)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3** What brings your loved one pleasure and joy now?

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4** Can you imagine health situations that would make your loved ones feel his life is not worth living? *(Choose one)*

- He would say **life is always worth living** no matter what serious illness, disability, or pain he may be experiencing
- I am not sure
- There may be **some health situations** that would make him feel that his **life is not worth living**, such as:

*(Choose as many as you think she would agree with)*

- 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 herself
- Having to be kept alive on machines
- Always being in pain
- Something else (write in here): \_\_\_\_\_

**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 your loved one had a serious illness, what would be important to him?** *(Choose one)*

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

**6** Is there anything you want your loved one's doctors to know about **his religion, spirituality, or cultural practices?**

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**7** If you could plan it today, what would the last day or week of your loved one's life be like?

Where would he be? What would his environment be like? \_\_\_\_\_

Who would he want there, if anyone? \_\_\_\_\_

What would he be doing? \_\_\_\_\_

What would he eat? \_\_\_\_\_

How would he want to be remembered? \_\_\_\_\_

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