

Advanced Care Planning Questionnaire

Your responses to the following questions may help with determining the quality of life that is important to you when considering treatment options.

Understanding what you value...

Consider the following statements and how important this is to you.

	Very Important	Somewhat important	Not Very important		
1. <i>Be free of pain.</i> Comment _____	1	2	3	4	5
2. <i>Able to physically care for myself.</i> Comment _____	1	2	3	4	5
3. <i>Live at Home.</i> Comment _____	1	2	3	4	5
4. <i>Able to be outside and not spend all day at home.</i> Comment _____	1	2	3	4	5
5. <i>Able to recognize family and friends.</i> Comment _____	1	2	3	4	5
6. <i>Able to talk and understand others.</i> Comment _____	1	2	3	4	5
7. <i>Die naturally and not be keep alive by machines.</i> Comment _____	1	2	3	4	5
8. <i>Be financially independent.</i> Comment _____	1	2	3	4	5
9. <i>Ability to do the activities I most enjoy.</i> List of Activities: _____ Comment _____	1	2	3	4	5

Your values on Quality of life:

- *What concerns you most about being ill or seriously injured?*
- *When do you believe life stops?*