

Advance Care Plan Possible Questions to Answer.

1. If I was incapable of making medical decisions for myself as a result of my being unconscious or incapacitated I would choose _____
to represent and make medical care decisions for me.
This person is (relation) _____
Contact Information _____

2. I would prefer to die at home rather than in a hospital YES NO

3. If there is very little or no hope for my recovery from a medical condition I would say that : (circle any that apply)
 - a. I would like to have all and every medical attempt made to prolong my life.
 - b. I would only choose medical interventions that improve my comfort.
 - c. I would consider every medical process offered on its own merit.
 - d. I would consider medical assistance in dying (MAID)
 - e. Or (In your own words) _____

4. If I am found unconscious from a heart attack or stroke I wish to be resuscitated.
(CPR) Y N

5. If I am in the latter stages of a terminal disease I would wish to :
 - a. Be sedated to manage my pain . Y N
 - b. Be tube or force fed even if I am not interested in eating Y N
 - c. Be kept alive using a ventilator if I cannot breathe on my own accord. Y N
 - d. Be given psychoactive drugs to manage my mood or feelings. Y N
 - e. Other _____

The things that mattered most to me in my life were _____

6. The most important thing to me about the *end* of my life is that _____

Before I die I hope to _____

In the event of my death I want _____ to know that :

The most important things I want people to know about me are that _____

Other wishes