

Download a PDF version of this form at www.health.harvard.edu/ADforms.

This worksheet is presented for your convenience to help you consider and explain your goals for care. Understanding your values and priorities gives everyone valuable information about the kind of care you would and would not want in different situations. Your answers can help you start a conversation with your doctor, health care agent, and loved ones.

While your state's law probably will not legally recognize this document as an advance directive, it will still provide important evidence of your wishes if you cannot speak for yourself. It will help guide your agent and anyone else with whom you share this worksheet. If you like, you can transfer the information to a state-specific living will form, too (see "State-specific considerations," page 25).

Directions

The questions in this directive will help you describe your goals for care, end-of-life thoughts and preferences, and decisions about comfort care and organ donation. Alternatively, you can fill out your preferences for care by using the scenarios in our generic living will (Form 3, page 39). Read both forms first to decide which approach will work best for you.

Feel free to jot down thoughts in complete sentences or in fragments, whichever is more comfortable for you. You may find you don't have answers for some of the questions. If you need more space, use another sheet of paper. (For definitions of the various medical procedures and terms, see "Understanding key medical procedures and programs," page 12, and "Medical terms, to know," page 16.) Revisit these questions if your medical status or other important matters change. Once you've completed the form, see "Who needs to have your advance directives?" on page 23 for guidance on where to store your directives and who to give copies to.

Name of person completing this worksheet

Date

Thoughts and preferences

In general, how do I feel about the final stage of life? What do I think my fears will be? What do I think will bring me the most joy?

If I had only a short time to live, what would my most important priorities be?

Is there anyone I would not want to be involved in discussions or decisions about my care?

Where and how would I like to spend the last days of my life? At home? In a hospital?

Would I like music played or particular items kept near me?

Would I like lots of visitors? Just a few?

When I am close to death, would I like a religious leader called to my bedside?

☐ Yes ☐ No

Who else would I like to have notified?

Medical care

In general, what are my goals in the event of a serious, progressive illness? For example, do I want treatment aimed at keeping me alive as long as possible under any circumstances, regardless of the side effects of the treatment? Do I want exclusive focus on my comfort? Do I only want treatments that are unlikely to compromise my daily function (activities such as hearing, walking, talking, and reading)? How do I prioritize these goals?

Most people imagine a serious illness as far in the future. Would my answer to the previous question change if I were hit by a car tomorrow? (Be cautious. Research tells us that some people become more accepting of illness and disability once they experience it.)

If I were unconscious and unable to hear, feel, think, talk, or eat, and my doctors said I had little hope of recovery:

- Would I want artificial nutrition (tube feeding)? ☐ Yes ☐ No
- Would I would want artificial hydration? ☐ Yes ☐ No
- Would I want to be kept alive by a mechanical ventilator, assuming I was unable to breathe on my own? ☐ Yes ☐ No

If I were unconscious, and unable to hear, feel, think, talk, or eat, and doctors said I had a chance of recovery:

- Would I want to try artificial nutrition (tube feeding) for a trial period if my doctor thought it might help me regain consciousness? ☐ Yes ☐ No
- Would I want it stopped if it failed to help? ☐ Yes ☐ No
- Would I want to try artificial hydration for a trial period if my doctor thought it might help me regain consciousness? ☐ Yes ☐ No
- Would I want it stopped if it failed to help? ☐ Yes ☐ No
- If I were unable to breathe on my own, would I want to be kept alive by a mechanical ventilator for a trial period if my doctor thought it might help me regain consciousness? ☐ Yes ☐ No
- Would I want it stopped if it failed to help? ☐ Yes ☐ No

Notes: _____

If I had severe brain damage (say, I could neither speak nor understand what was going on around me) and was not expected to recover:

- Would I want to be kept alive by machines, such as a mechanical ventilator, and receive artificial nutrition (tube feeding), artificial hydration, and any other measures intended to keep me alive? ☐ Yes ☐ No

Notes: _____

What, if anything, bothers me about being kept alive by machines?

How much weight do I give the opinions of doctors? Of my family members?

Before making medical decisions on my behalf, I would like my health care agent, if I have appointed one, to consult with the people named below. However, my agent will have the right to overrule the opinions of other people, even those I have asked him or her to consult.

Do I have any religious or spiritual beliefs that should guide doctors and others responsible for making decisions about my care?

What are my biggest concerns or fears regarding care near the end of life?

Comfort care

Under what circumstances would I want other treatments stopped and comfort care initiated?

Which symptoms, if any, particularly concern me (for example, pain, anxiety, nausea, or shortness of breath)?

Organ and tissue donation

Would I like to be an organ and tissue donor (check one)?

- ☐ No. I do not wish to donate organs or tissue.
- ☐ Yes. I would like to donate any organ and tissue.
- ☐ Yes. I would like to donate only the following organs or tissue:

I want my donation, if any, to be for the following purposes (check one):

- ☐ Transplant or research
- ☐ Transplant only
- ☐ Research only