



VALUE ASSESSMENT SURVEY

DESIRABLE STATES: 1 = NOT VALUABLE, 5 = VERY VALUABLE

This worksheet can help you to determine your values before completing your Advance Directive. You can also attach this worksheet as an additional page of your Advance Directive by writing "See attached Value Assessment Survey" on your Advance Directive and stapling this worksheet to your Advance Directive document.

1. 1 2 3 4 5 Being able to talk to my family and friends and being able to understand what they say to me.
2. 1 2 3 4 5 Being able to express my emotions and feelings even if I cannot communicate with others and cannot understand their words.
3. 1 2 3 4 5 Being mentally alert to be aware of what I am doing and saying and to understand the significance of what I am doing and saying, as well as what others are doing and saying to me.
4. 1 2 3 4 5 Living with my spouse, friends or family.
5. 1 2 3 4 5 Living in my own home, not in a nursing home or other long-term care facility.
6. 1 2 3 4 5 Contributing to the good of other people by whatever means I can.
7. 1 2 3 4 5 Being financially independent so that I don't have to rely on my parents, siblings, or children to support my living.
8. 1 2 3 4 5 Being physically and mentally fit to continue my work, hobbies, and other leisure activities.
9. 1 2 3 4 5 Being able to walk without assistance so I am not bound or in a wheelchair.
10. 1 2 3 4 5 Being independent in bodily care activities so that another person does not have to help me in daily hygienic routines.
11. 1 2 3 4 5 Having my bodily integrity so that there are no tubes, needles or other things stuck to my body.
12. 1 2 3 4 5 Being free of pain.
13. 1 2 3 4 5 Living long enough for personal or family milestone such as a birth of a grandchild or the college graduation or marriage of a child.
14. 1 2 3 4 5 Living as long as possible using the available medical technologies.

WHICH OF THE ABOVE ARE YOUR 3 MOST IMPORTANT VALUES? _____



VALUE ASSESSMENT SURVEY (continued)

UNDESIRABLE STATES: 1 = INTOLERABLE, 5 = TOLERABLE

1. 1 2 3 4 5 Being paralyzed. You are unable to walk but can move around in a wheelchair. You can talk and interact with people.
2. 1 2 3 4 5 Being unable to speak meaningfully. You are unable to speak or write to others. You can walk by yourself and tend to your daily needs like bathing and dressing.
3. 1 2 3 4 5 Being unable to care for yourself. You are paralyzed and bed bound, unable to wash, feed or dress yourself. You are totally dependent on others.
4. 1 2 3 4 5 Being in pain. You are in severe bodily pain that can't be controlled or completely eliminated by medications without total sedation.
5. 1 2 3 4 5 Being pain free but not completely awake. You have pain that can be controlled by medications but are unconscious or very sleepy or confused most of the time because of pain medications.
6. 1 2 3 4 5 Being mildly demented. You can neither remember things, such as where you are, nor reason clearly. You are not aware that you have mental impairments. You are capable of speaking with others although you cannot remember the conversations; you are not capable of washing, feeding, or dressing and are totally dependent on others. These mental impairments cannot be reversed.
7. 1 2 3 4 5 Being in a coma or a persistent vegetative state. You suffered brain damage and are not conscious. You cannot feel pain. You are totally dependent on others. These mental impairments cannot be reversed.
8. 1 2 3 4 5 Being in a coma temporarily. You are not conscious and are not aware of your environment in any way. You're totally dependent on others. This state of unconsciousness is temporary. You will probably regain your normal mental and physical function in a short time.
9. 1 2 3 4 5 Being financially dependent. You require frequent nursing or medical care that is not covered by insurance, Medicare, or your own savings and is being paid for by family.
10. 1 2 3 4 5 Being a financial burden. You require frequent nursing or medical care that is very expensive and is being paid by your family. The cost is a large amount of your family's income and makes it hard for them to do the things they want to do.

WHICH OF THE ABOVE ARE THE 3 WORST SITUATIONS? _____

Name: _____ Signature: _____ Date: _____