

# What Is Important To Me

*All of the concerns or desires listed below are important to most people. This checklist will help you identify which are the most important to you and will help you or a loved one choose a level and type of medical care which is consistent with what you desire. Use this list to evaluate any medical treatment, procedure or medication recommended by your doctor.*

[Do not choose more than four statements in the “Strongly Agree” category.]

|  | Strongly<br>Agree     | Agree                 | Not<br>Sure           | Don't<br>Care         | Disagree              |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I wish to remain as independent and active as possible for as long as possible.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I wish to provide for my own daily needs (eating, dressing, personal hygiene) for as long as possible.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I wish to enjoy the companionship of family and friends as fully as possible for as long as possible.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I wish to enjoy my hobbies and leisure activities as fully as possible for as long as possible.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I wish to remain in my own home for as long as possible.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. When necessary, I wish to live in a level of assisted living or nursing care which is appropriate for my personal and medical needs.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I wish to receive the support and services of my church or faith community as fully as possible for as long as possible.                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I wish to participate as fully and consciously as possible in decisions about my personal and medical care.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I do not want medical procedures or treatment which would prolong my life without a reasonable hope of improvement or recovery.                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I do not want medical procedures or treatment which would place an unnecessary emotional or financial burden on my family.                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. When a reasonable hope of improvement no longer exists, I wish only to have procedures and treatments which will make me as comfortable as possible. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. I wish to remain alive as long as possible, regardless of the cost, my medical condition, or hope of recovery.                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. Other _____  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. Other _____  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

# How to Evaluate Medical Treatment

*Catholics are not morally obligated to accept medical treatment, procedures or medications in which the burden on the patient, family or community outweighs the benefit, or any treatment, procedures or medications which prolong life without hope of recovery.*

*You or the person(s) you designate to act in your name should ask the doctor these questions to determine the relative benefits and burdens of any medical treatment, procedure or medication being recommended by your doctor.*

What is the purpose of this treatment, procedure or medication?

How will this treatment affect my overall medical condition if it is successful?

How will this treatment affect my overall medical condition if it is not successful?

How will this treatment affect my quality of life (my ability to think, act, move, and care for myself) if it is successful?

How will this treatment affect my quality of life (my ability to think, act, move, and care for myself) if it is not successful?

On a scale of 1 (*low*) to 10 (*high*) what are the chances that this treatment will be successful for a person in my condition?

What are the risks involved in this treatment, procedure or medication?

What will happen if I do not choose this treatment?

What is my short-term medical prognosis if I do or don't choose this treatment?

What is my long-term medical prognosis if I do or don't choose this treatment?

Would you recommend this treatment to a member of your family in my condition?

What is an alternative to this treatment, procedure or medication?