

# Care Directive Questionnaire

A Care Directive is a written document regarding lifestyle choices, end-of-life care and burial preferences. Having a Care Directive provides you some assurance that your wishes will be honored if you can no longer express them. Completion of this form is purely optional.

Name: \_\_\_\_\_

## Part I: My Living Will

**Statement of Philosophy:** I enjoy and value my life. I do not want my life to end, but I also recognize and accept the fact of my own mortality. I do not seek to die, but I do not want my life to be prolonged or my death to be postponed in all circumstances. Accordingly, I have prepared this document to express my wishes regarding my medical treatment.

### Section A

These are my wishes if I have a terminal condition (Defined as an ongoing condition caused by illness or injury that has no cure and from which doctors expect that I will pass away within six (6) months, even with medical treatment. Life-sustaining treatments will only prolong the dying process.):

Life-sustaining treatments (initial one):

\_\_\_\_\_ I do not want cardiopulmonary resuscitation (CPR) or life-support (including respirators or ventilators). If life-sustaining treatments are started, I want them stopped.

\_\_\_\_\_ I want the life-sustaining treatments that my doctors think are best for me.

\_\_\_\_\_ Other: \_\_\_\_\_

Artificial Nutrition and Hydration (initial one):

\_\_\_\_\_ I do not want artificial nutrition (tube feeding) or hydration started if they would be the primary treatments keeping me alive. If artificial nutrition and hydration are started and they become the primary treatments keeping me alive, then I want them stopped.

\_\_\_\_\_ I want artificial nutrition and hydration even if they are the primary treatments keeping me alive.

\_\_\_\_\_ Other: \_\_\_\_\_

Comfort Care (initial one):

\_\_\_\_\_ I want to be kept as comfortable and pain free as possible, even if such care prolongs my dying or shortens my life. This includes palliative care.

\_\_\_\_\_ Other: \_\_\_\_\_

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## Section B

These are my wishes if I am in a persistent vegetative state/coma (meaning that I am unconscious for at least ten (10) days, without any reasonable hope of regaining consciousness, even with medical treatment):

Life-sustaining treatments (initial one):

\_\_\_\_\_ I do not want cardiopulmonary resuscitation (CPR) or life-support (including respirators or ventilators). If life-sustaining treatments are started, I want them stopped.

\_\_\_\_\_ I want the life-sustaining treatments that my doctors think are best for me.

\_\_\_\_\_ Other: \_\_\_\_\_

Artificial Nutrition and Hydration (initial one):

\_\_\_\_\_ I do not want artificial nutrition (tube feeding) or hydration started if they would be the primary treatments keeping me alive. If artificial nutrition and hydration are started and they become the primary treatments keeping me alive, then I want them stopped.

\_\_\_\_\_ I want artificial nutrition and hydration even if they are the primary treatments keeping me alive.

\_\_\_\_\_ Other: \_\_\_\_\_

Comfort Care (initial one):

\_\_\_\_\_ I want to be kept as comfortable and pain free as possible, even if such care prolongs my dying or shortens my life. This includes palliative care.

\_\_\_\_\_ Other: \_\_\_\_\_

## Part II: Organ Donation (initial all that apply)

\_\_\_\_\_ I do not wish to make an organ or tissue donation.

\_\_\_\_\_ I have already signed a written agreement or donor card regarding organ and tissue donation with the following individual or institution.

Name of individual/institution: \_\_\_\_\_

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Upon my death, I wish to donate:

- Any needed organ, tissue, or parts
- The following parts or organs: \_\_\_\_\_
- To be used for (initial one):
- Any legally authorized purpose
- Transplant or therapeutic purposes only
- Medical research

### Part III: Funeral and Burial Preferences (initial all that apply)

My preference for a funeral service is:

- No service
- Traditional (includes visitation and a funeral service)
  - Open Casket                       Closed Casket
- Memorial (includes one or more services without the presence of the deceased)
- Graveside (includes one service held at the graveside prior to interment)
- I wish to be buried. My cemetery of choice is (include name and location):  
 \_\_\_\_\_  
 \_\_\_\_\_
- I wish to be cremated. Preference for disposition of ashes:
  - Burial at cemetery                       Scattering at cemetery
  - Deliver to survivors                       Other: \_\_\_\_\_

### Part IV: Autopsy (initial one)

- I do not wish for an autopsy to be performed.
- I agree to an autopsy if my doctors recommend it.
- Other: \_\_\_\_\_

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## Part V: Comfort Wishes (initial all that apply)

\_\_\_\_\_ I wish to have personal care items such as nail clipping, hair brushing, haircuts, shaving, and oral hygiene conducted on a regular basis so long as they do not cause me pain or discomfort.

\_\_\_\_\_ I would like to be taken outside on a daily basis, weather permitting.

\_\_\_\_\_ I would like to visit my family so long as I am presentable, I add to the event and I am not overly burdensome to family members.

\_\_\_\_\_ If my health permits, I enjoy the following hobbies:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ If my health permits, I enjoy going to the following locations:

\_\_\_\_\_ Mall      \_\_\_\_\_ Museums      \_\_\_\_\_ Beach      \_\_\_\_\_ Parks

\_\_\_\_\_ Movies      \_\_\_\_\_ Restaurants      \_\_\_\_\_ Theatrical plays

\_\_\_\_\_ I enjoy reading books by the following authors or on the following subjects:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I enjoy watching the following on television:

\_\_\_\_\_  
\_\_\_\_\_

## Part VI: Food Preferences (initial all that apply)

\_\_\_\_\_ I enjoy most foods and I am not a picky eater.

\_\_\_\_\_ I prefer not to eat the following items:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I am allergic to the following items:

\_\_\_\_\_  
\_\_\_\_\_

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## Part VII: Religious Preferences (initial all that apply)

- No religious preference
- My religious preference is: \_\_\_\_\_
- I would like to attend church services, if offered.
- Other: \_\_\_\_\_  
\_\_\_\_\_

**Note:** Bring this completed document to your next meeting at Carrier Law. In the presence of your attorney, the document will be signed by you and notarized.