

QUESTIONNAIRE FOR ADVANCE HEALTH CARE DIRECTIVE

The Advance Health Care Directive allows you to control the health care you receive by putting your health care instructions in writing and by designating a surrogate decision maker ("agent") to make health care decisions in the event that you cannot.

Please indicate whom you would like to appoint as your "agent" (i.e., spouse or other family member):

_____, Relationship _____

Address and Telephone _____

If that person is unable to act as your agent, please indicate whom you would like to appoint as an alternate agent:

_____, Relationship _____

Address and Telephone _____

Life Support

With regard to maintaining life support, please choose one of the following three alternatives:

- Prolong life - you desire that your life be prolonged to the greatest extent possible without regard for your condition, suffering or expense; or
- Withhold Other Treatment - you want to receive treatment only if it offers benefits which will outweigh the burdens it will impose. You do not wish to receive treatment unless it will improve your living conditions or your health. (This gives agent the broadest possible powers.)
- Withhold treatment only if two physicians have diagnosed that: 1) you have a terminal condition (expected to result in death within 12 months); or 2) you have been in an irreversible coma for 60 days (permanent loss of consciousness from which there is no reasonable possibility of recovery).

If treatment may be withheld (the second or third alternative above) and, you may (choose one):

- require or
- allow

your agent to follow the directions in your Advance Directive. Please note that California law provides that the Advance Health Care Directive prevails over the Declaration to

physicians. Thus, the agent under your Durable Power of Attorney For Health Care would have the discretion to continue life support even though termination of life support is specified in the Declaration. If you check above that your agent is required to withhold life support, your Health Care Power will also contain a statement that your agent may not override any Declaration to physicians with regard to termination of life support.

If you elect to allow or direct your agent to withhold care and procedures, do you wish to also allow withholding or withdrawal of nourishment and hydration procedures other than manual feeding (i.e., withhold or withdraw intravenous or tube feeding):

- Yes, hydration and nutrition may be withheld
- No, I would want feeding and hydration continued.

Care During Life

Please check any of the items below that you would like to include in your Advance Directive:

- Allow you to remain in your home (check one of the following)
 - as long as is reasonable.
 - as long as possible, regardless of the cost.

Anatomical Gifts

Please check which of the following is your desire regarding anatomical gifts:

- Make gifts of your body, organs or anatomical parts to benefit others (this could include donation of your body for teaching purposes).
- Make gifts of your organs or anatomical parts for transplants only.
- Forbid anatomical gifts.

Date: _____
