

PERSONAL DIRECTIVE QUESTIONNAIRE

Date: _____

Do you have a previous Personal Directive? YES NO

Full Legal Name: _____

Address/Postal Code: _____

Phone: _____

Fax: _____

Email: _____

1. Name of Agent(s) (This is the person(s) that will make decisions for you, should you lose the capacity to make them for yourself)

PRIMARY AGENT

Full Legal Name: _____

Address/Postal Code: _____

Phone: _____

Relationship: _____

Age: _____

ALTERNATE #1

Full Legal Name: _____

Address/Postal Code: _____

Phone: _____

Relationship: _____

Age: _____

ALTERNATE #2

Full Legal Name: _____

Address/Postal Code: _____

Phone: _____

Relationship: _____

Age: _____

2. Are your named Agents to act jointly?

- Yes, Agents are to act jointly
- No – Primary Agent alone; If Primary Agent is unable or unwilling to act, then Alternate #1; If Alternate #1 is unable or unwilling to act, then Alternate #2
- No – Primary Agent alone; If Primary Agent is unable or unwilling to act, then Alternate #1 and Alternate #2 are to act jointly.

3. If you are naming more than two (2) Agents, do they make decisions on a majority basis or do they all have to agree?

- On a majority basis
- They all have to agree

4. Which decisions do you want your Agent to make on your behalf?

- Decisions regarding my health care
- Decisions regarding my accommodation
- Decisions regarding with whom I live and associate
- Decisions regarding my participation in social, educational and employment activities
- Decisions regarding legal matters that do not relate to my estate

5. Indicate who should decide whether or not you have lost the capacity to make decisions about any personal matter:

- One (1) doctor
- Two (2) doctors
- My agent(s) together with one (1) doctor
- My agent(s) together with two (2) doctors

6. Do you wish to be kept alive artificially if there is no known hope of recovery?

Yes

No

Other: _____

7. Please confirm your wishes on the below statements:

- If I am in a coma or a persistent vegetative state and, in the opinion of my physician and other consultants, have no known hope of regaining awareness and higher mental functions no matter what is done, I instruct my health care providers to cease and refrain from any medical or surgical treatments which would prolong my life.

YES, cease and refrain

NO, perform such treatment

- If I am in a coma and, in the opinion of my physician and other consultants, have a small likelihood of recovering fully, a slightly larger likelihood of surviving with permanent brain damage, and a much larger likelihood of dying, I instruct my health care providers to cease and refrain from any medical or surgical treatments which would prolong my life.

YES, cease and refrain

NO, perform such treatment

- If I have brain damage or some brain disease that, in the opinion of my physician and other consultants, cannot be reversed and that makes me unable to recognize people or to speak understandably, and I also have a terminal illness (such as incurable cancer) that will likely be the cause of my death, I instruct my health care providers to cease and refrain from any medical or surgical treatments which would prolong my life.

YES, cease and refrain

NO, perform such treatment

- If I have brain damage or some brain disease that, in the opinion of my physician and other consultants, cannot be reversed and that makes me unable to recognize people or to speak understandable, but I have no terminal illness and can continue to live in this condition for a long time, I instruct my health care providers to cease and refrain from any medical or surgical treatments which would prolong my life.

YES, cease and refrain

NO, perform such treatment

- I do not wish my life to be prolonged by artificial means when I am in a coma or a persistent vegetative state, and in the opinion of my physician and other consultants, have no known hope of regaining awareness and higher mental functions, no matter what is done.

YES, no artificial life support NO, maintain life support

- I wish to be kept comfortable and free from pain. This means that I may be given pain medication even though it may dull consciousness and indirectly shorten my life.

YES, administer pain medication NO, do not administer

8. Do you want to donate your organs and tissue for transplantation purposes if, at the time of your death, you have any that would be useful for this purpose?

Yes

No

Only the following listed organs: _____

9. Upon your death, do you wish your body to be buried or cremated?

Buried

Cremated

10. Do you have instructions on location of burial or retention of your ashes by specific parties, or spreading of your ashes in a specific location?

11. Have you pre-arranged your burial or cremation? If so, please specify:

Yes. Company Name: _____

No