



# VALUES HISTORY

*A form to assist you  
in making health care  
choices in accordance  
with your values*

It is important that your medical treatment be **your choice**.

The purpose of this form is to assist you in thinking about and writing down what is important to you about your health. If you should at some time become unable to make health care decisions, this form may help others make a decision for you in accordance with your values.

The first section of this packet offers suggestions for using the Values History Form.

The second section, the form itself, provides an opportunity for you to discuss your values, wishes, and preferences in a number of different areas, such as your personal relationships, your overall attitude toward life, and your thoughts about illness.

The third section of this packet provides a space for indicating whether you have completed an Advance Directive, e.g., an Advance Directive for Health Care, a Living Will, Durable Power of Attorney for Health Care Decisions or Health Care Proxy, and where such documents may be found.

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You may download this form for free, providing you attribute it to UNM Health Sciences Center Institute for Ethics and the form is not used in a proprietary or for-profit manner.

The Values History Form **is not copyrighted**. You are encouraged to make additional copies for friends and relatives to use.

For more information or to obtain a hard copy write to:  
Institute for Ethics  
University of New Mexico  
MSC11 6095  
917 Vassar  
Albuquerque, NM 87131

E-mail requests to: [hsc-ethics@salud.unm.edu](mailto:hsc-ethics@salud.unm.edu) or  
call our office at: 505-272-4566

Cost per hard copy: \$5.00 (payable to UNM Institute for Ethics)

## I. Suggestions for using the Values History Form

This Values History Form was developed at the Center for Health Law and Ethics, University of New Mexico School of Law. This form **is not a legal document**, although it may be used to supplement an Advance Directive such as a Living Will, or a Durable Power of Attorney for Health Care Proxy, if you have these. Also, the Values History Form **is not copyrighted**, and you are encouraged to make additional copies for friends and relatives to use.

### *Why a Values History Form?*

The Values History Form recognizes that medical decisions we make for ourselves are based on those beliefs, preferences and values that matter most to us: How do we feel about our overall health? What personal relationships in our lives are important to us? How do we feel about the following: independence, pain, illness, dying, and death? What are our goals for the future?

A discussion of these and other values can provide important information for those who might, in the future, have to make medical decisions for us when we are no longer able to do so.

Further, a discussion of the questions asked on the Values History Form can provide a solid basis for families, friends, physicians and other when making such medical decisions. By talking about these issues ahead of time, family disagreements may be minimized. And when such decisions do need to be made, the burden of responsibility may be lessened because others feel confident of your wishes.

### *How do I fill out the values history form?*

There are a number of ways in which you might begin to answer these questions. Perhaps you would like to write out some of your own thoughts before you talk with anyone else. Or you might ask family and friends to come together and talk about your— and their—responses to the questions.

Often simply giving copies of the Values History Form to others is enough to get people talking about a subject that, for many of us, is difficult and painful to consider.

The most important thing to remember is that **it is easier to talk about these issues BEFORE a medical crisis occurs.** Feel free to add questions and comments of your own.

***What should I do with my completed Values History Form?***

Make sure that all those who might be involved in your health care are aware of your wishes: family, friends, physicians and other health care providers, your pastor, your lawyer. If appropriate, give written copies to these people.

But remember, each of us continues to grow and change, and so the Values History Form should be discussed and updated fairly regularly.

Consider attaching a copy of it to your Living Will, Durable Power of Attorney, or Health Care Proxy, if you have one, or filing it with your important medical papers.

***What if I do not have an Advance Directive?***

If you would like forms that are legal in your state, contact:

**National Hospice Palliative Care Organization  
1-800-658-8898**

This agency will provide legal information about Living Wills and Durable Powers of Attorney for Health Care, as applicable in your own state.

You might also contact your local Office of Senior Affairs, your state Area Agency on Aging, agencies providing legal Services for the Elderly, or your personal attorney.

***Who should consider preparing a Values History Form?***

Everyone. While we often focus on older people, it is just as important that younger people discuss these issues and make their wishes known. Often some of the most difficult medical decisions must be made on behalf of younger patients. If they had talked with families and friends, these decision makers could feel reassured they were following the patient's wishes.

We hope this Values History Form is of help to you, your families and friends. Many people have commented that it is important to reflect, not so much on "How I want to die," but on "**How I want to LIVE until I die.**"

## II. Values History Form

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

Date: \_\_\_\_\_

If someone assisted you in completing this form, please fill in his or her name, address, and relationship to you.

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

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship: \_\_\_\_\_

### OVERALL ATTITUDE TOWARD LIFE AND HEALTH

What would you like to say to someone reading this document about your overall attitude toward life?

What goals do you have for the future?

How satisfied are you with what you have achieved in your life?

What, for you, makes life worth living?

What do you fear most? What frightens or upsets you?

What activities do you enjoy (e.g., hobbies, watching TV, etc)?

How would you describe your current state of health?

If you currently have any health problems or disabilities, how do they affect: you, your family, your work, your ability to function?

If you have health problems or disabilities, how do you feel about them? What would you like others (family, friends, doctors) to know about this?

Do you have difficulties in getting through the day and performing activities such as: eating, preparing food, sleeping, dressing, and bathing? Etc.

What would you like to say, about your general health, to someone reading this document?

## **PERSONAL RELATIONSHIPS**

What role do family and friends play in your life?

How do you expect friends, family and others to support your decisions regarding medical treatment you may need now or in the future?

Have you made any arrangements for family or friends to make medical treatment decisions on your behalf? If so, who has agreed to make decisions for you and in what circumstances?

What general comments would you like to make about the personal relationships in your life?

#### **THOUGHTS ABOUT INDEPENDENCE AND SELF-SUFFICIENCY**

How does independence or dependence affect your life?

If you were to experience decreased physical and mental abilities, how would that affect your attitude toward independence and self-sufficiency?

If your current physical or mental health gets worse, how would you feel?



## **LIVING ENVIRONMENT**

Have you lived alone or with others over the last 10 years?

How comfortable have you been in your surroundings? How might illness, disability, or age affect this?

What general comments would you like to make about your surroundings?

## **RELIGIOUS BACKGROUND AND BELIEFS**

What is your spiritual/religious background?

How do your beliefs affect your feelings toward serious, chronic, or terminal illness?

How does your faith community, church, or synagogue support you?

What general comments would you like to make about your beliefs?

### **RELATIONSHIPS WITH DOCTORS AND OTHER HEALTH CAREGIVERS**

How do you relate to your doctors? Please comment on: trust, decision making, time for satisfactory communication, and respectful treatment.

How do you feel about other health care providers, including nurses, therapists, chaplains, social workers, etc.?

What else would you like to say about doctors and other health care providers?

## THOUGHTS ABOUT ILLNESS, DYING AND DEATH

What general comments would you like to make about illness, dying, and death?

What will be important to you when you are dying (e.g., physical comfort, no pain, family members present, etc.)?

Where would you prefer to die?

How do you feel about the use of life-sustaining measures if you were suffering from an irreversible chronic illness (e.g., Alzheimer's disease), terminally ill, or in a permanent coma?

What general comments would you like to make about medical treatment?

## **FINANCES**

What general comments would you like to make about your finances and the cost of health care?

What are your feelings about having enough money to provide for your care?

## **FUNERAL PLANS**

What general comments would you like to make about your funeral and burial or cremation?

Have you made your funeral arrangements? If so, with whom?

### Optional Questions

How would you like your obituary (announcement of your death) to read?

Write yourself a brief eulogy (a statement about yourself to be read at your funeral).

What would you like to say to someone reading this Values History Form?

### III. LEGAL DOCUMENTS

What legal documents about health care decisions have you signed? (Each state has its own special form-feel free to add yours to the list.)

Advance Directive for Health Care – New Mexico? Yes\_\_\_ No\_\_\_

Where and with whom can it be found?

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Living Will? Yes\_\_\_ No\_\_\_

Where and with whom can it be found?

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Durable Power of Attorney for Health Care Decisions? Yes\_\_\_ No\_\_\_

Where and with whom can it be found?

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Health Care Proxy? Yes\_\_\_ No\_\_\_

Where and with whom can it be found?

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_