If you cannot make health care decisions for yourself, your health care agent will make them for you. Your health care agent is required to follow your wishes, so you must talk with your health care agent (and your backup agents and other loved ones) about your beliefs and what is most important to you.

Think about these questions and share your answers with your health care agent. There are no right or wrong answers. Conversations with your health care agent should be ongoing and should change as your life changes. For example, if you experience a death of a loved one or you are diagnosed with a serious illness, your wishes about your care may change. How well your health care agent performs depends on how well you have prepared them.

1. Do you think it is a good idea to sign a legal document that names another person to make health care decisions for you if you are unable to do so and says what medical treatments you want and do not want when you are ill or dying?

2. Do you think you would want to have any of the following medical treatments performed on you? If so, under what circumstances?
   - Kidney dialysis (if your kidneys stop working)
   - Cardiopulmonary resuscitation, also called CPR (if your heart stops beating)
   - Respirator (if you are unable to breathe on your own)
   - Artificial nutrition (if you are unable to eat food)
   - Artificial hydration (if you are unable to drink fluids)

3. Do you want to donate parts of your body to someone else at the time of your death (also called organ donation)?

4. How would you describe your current health status? If you currently have any medical problems, how would you describe them?

5. If you have current medical problems, in what ways (if any) do they affect your ability to function?

6. How do you feel about your current health status?

7. If you have a doctor, do you like him or her? Why?

8. Do you think your doctor should make the final decision about any medical treatments you might need?
9. How important is independence and self-sufficiency in your life?

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

11. Do you wish to make any general comments about the value of independence and control in your life?

12. Do you expect that your friends, family, and/or others will support your decisions regarding medical treatment you may need now or in the future?

13. What will be important to you when you are dying (for example, physical comfort, no pain, family members present, or other things)?

14. Where would you prefer to die?

15. What is your attitude toward death?

16. How do you feel about the use of life-sustaining measures in the face of terminal illness?

17. How do you feel about the use of life-sustaining measures in the face of persistent vegetative state or permanent coma?

18. How do you feel about the use of life-sustaining measures in the face of irreversible chronic illness (for example, Alzheimer's disease)?

19. Do you wish to make any general comments about your attitude toward illness, dying, and death?

20. What is your religious background?

21. How do your religious beliefs affect your attitude toward serious or terminal illness?

22. Does your attitude toward death find support in your religion?

23. How does your faith community view the role of prayer or religious sacraments in an illness?

24. Do you wish to make any general comments about your religious background and beliefs?

25. What else do you feel is important for your agent to know?

Reprinted from the Greater Wisconsin Agency on Aging Resources, Inc.