

PERSONAL DIRECTIVE QUESTIONNAIRE

Date: _____

Do you have a previous Personal Directive? YES NO

Full Legal Name: _____

Address & Postal Code: _____

Phone: _____

Fax: _____

Email: _____

1. **Name an Agent (This is the person or persons that will make decisions for you should you lose the capacity to make them for yourself)**

Full Legal Name: _____

Address & Postal Code: _____

Phone: _____

Relationship: _____

Age: _____

2. **If you want more than one Agent to act together (Joint Agents), name the other Agent or Agents here:**

Full Legal Name: _____

Address & Postal Code: _____

Phone: _____

Relationship: _____

Age: _____

Full Legal Name: _____

Address & Postal Code: _____

Phone: _____

Relationship: _____

Age: _____

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

- on a majority basis
- they all have to agree

4. **If you are not naming Joint Agents and your first-named Agent can not or will not act, name your second choice here:**

Full Legal Name: _____

Address & Postal Code: _____

Phone: _____

Relationship: _____

Age: _____

5. **If your second-named Agent can not or will not act, name your third choice here:**

Full Legal Name: _____

Address & Postal Code: _____

Phone: _____

Relationship: _____

Age: _____

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

- My health care
- My accommodation
- With whom I live and associate
- My participation in social, educational and employment activities
- Legal matters that do not relate to my estate

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

- One (1) Doctor
- Two (2) Doctors
- _____ together with one (1) doctor
- _____ together with two (2) doctors

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

- Yes
- No

9. **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

10. **I instruct my health care service providers to cease and refrain from any medical or surgical treatments which would prolong my life in the following circumstances:**

- 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;
- 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;
- 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;
- 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, but I have no terminal illness, and I can live in this condition for a long time.
- 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.
- 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.