

Virginia Guardian Values History Tool

This Values History tool is based on principles of person-centered practice. It is a tool to help guardians gather and document information about the incapacitated person (“the person”), their priorities and issues affecting their quality of life, as well as wishes for end-of-life care. It should guide the guardian in addressing the needs of the person and decision making.

INSTRUCTIONS

- If you choose to use this tool, it should be completed soon after the guardianship begins. It should be reviewed on a regular basis and updated at least annually.
- You, the guardian, should attempt to gather information for any question the person is able to respond to, by any method they are able to use to communicate. For example, a nonverbal individual may still be able to communicate through gestures, facial expressions, drawing, etc. In such cases, you can summarize the interaction and their interpretation of the person’s response.
- Throughout the form, there are special notes marked as *Guardian* that are meant to guide you on important information to collect and/or next steps.
- You should reword questions as needed for the person to best understand what is being asked.
- Depending on the person, some of these questions may be sensitive and could lead to various emotional responses. Use your best judgement on how to approach potentially sensitive topics.
- This form may be completed in more than one sitting, especially if the person becomes distracted, tired, or overwhelmed.
- If the person is unable or unwilling to respond to these questions, you should attempt to obtain the information elsewhere, to the extent possible. For example, you can ask family members, friends, services providers, physicians, clergy, etc. The person’s medical records, the report of the *guardian ad litem* completed for the guardianship hearing, and assessments completed by service providers may also have relevant information.
 - When consulting a third party, only record information that appears to reflect the feelings and values of the person.
- This form and all updates of the form should be added to the Guardian File. For more information on how to create a guardian file, visit the [Virginia Guardian Training Resource](#) page.

Values History Tool

Name of the Person	
Date Completed	
Third Party Sources <i>(List who provided additional information to complete this form)</i>	

Ask the person the following questions and record their response. You may need to reword the question based on what the person can understand.

Section 1 – Your Personal Relationships

Who are the most important people in your life?

Why are they important to you?

Do you have other family members and friends in your life?

Is there anyone you want to be involved when decisions need to be made?

Is there anyone you do not want involved?

Guardian: Make sure you have the contact information for anyone listed in this section.

Section 2 – Your Living Environment

Do you like living with others or by yourself?

Do you like where you are living now? Why or why not?

Guardian: *If the person likes where they live, skip to Section 3. If the person does not like where they live, ask the next question.*

If you don't like where you're living, where would you like to live?

Guardian: *Taking the answers of the person into consideration, you will need to evaluate the person's living arrangement and determine if it meets their needs.*

Section 3 – Your Health

How is your health right now?

Is there anything that's happened in the past about your health you think I should know?

Do you have any pain? If yes, does it affect your ability to do the activities/things you enjoy?

Do you like your current doctors? Why or why not?

Guardian: *If the person does not have any doctors, you are responsible for establishing their care with a provider.*

How do you like your caregivers (nurses, therapists, social workers, etc.)?

Guardian: *If responses indicate concerns for abuse, neglect, or exploitation, see the Resources page for information on mandated reporting.*

Do you need help with activities like bathing, getting dressed, using the toilet and feeding yourself? If you do need help, are you currently getting that help? If yes, by whom?

Guardian: *These are called Activities of Daily Living (ADLs). If the person needs help but is not receiving help, you must arrange assistance. Speak with the person's insurance, physician, or other service providers to learn about possible services.*

Do you like to exercise? If so, what do you like to do?

If you became very sick, who would you like me to contact?

Guardian: *If yes, collect names, phone numbers, and addresses from the person or third-party.*

Section 4 – Your Independence and Control

Is it important for you to be independent and do things for yourself? If yes, like what?

What decisions are important to make for yourself?

Section 5 – Your Religious Background, Culture, and Beliefs

Do you consider yourself:

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Oriental or Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Alaskan Native |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Other: _____ |

Is there anything about your race that's important for me to know?

Do you consider yourself a religious person? If so, what religion do you follow?

What is important for me to know about your religious beliefs?

Examples: avoid eating meat, no blood transfusions, honored holidays

Do you attend a faith community location, church, temple or synagogue? If so, what is the name and location? What days and times do you attend?

What is important for me to know about your religion if you became sick?

Are there any cultural or personal beliefs that are important to you?

Guardian: *If you are unfamiliar with the race or religion that the person identifies with, you will need to learn more by conducting your own research and/or asking for input from others.*

Section 6 – Your Attitude Towards Life

What activities do you enjoy or do for fun?

What is a “good day” like for you?

Are you happy with your life?

What makes you laugh?

What makes you cry?

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

Do you have goals for the future? If yes, what are they?

Section 7 – Illness and Death

Guardian: This topic can be difficult to discuss. Some may not wish to discuss the topic at all, while others may become frightened or uncomfortable communicating their feelings about death and dying. Do not force person to answer. It may help to begin this section with, “Now I’m going to ask you questions about what you would like to happen if you were to die. This can be hard to talk about, but it’s important for me to know what you want so I can make sure I follow your wishes and values.” If the person clearly does not wish to listen to or answer, please move on to the next section.

Guardian: *This is the same question asked in Section 3; it is included here again as a transition tool.*

I asked you this question earlier, but to be sure I understood correctly, are there people that you want involved in your life if you became very sick?

Guardian: *Confirm that the people here are the same under Section 3.*

How do you feel about comfort care if you were dying?

Examples: pain medicine, hospice

What will be important to you if you are dying?

Examples: physical comfort, no pain, family/friends present, etc.

Where would you prefer to die?

Examples: where you live, hospital, hospice

How do you feel about the use of life-sustaining measures?

Examples: CPR, life support, blood transfusions, feeding tube

Have you made or do you have funeral arrangements already in place? If so, who has this information?

Section 8 – Other Information

Is there anything you want to tell me that I have not asked you already?

End of questions.

Third-Party Information

Use this page to record any information obtained by a third-party individual. Record their name, who they are to the person, and other important information collected.