

Name _____ Date _____

Completing this work sheet will give you a framework for thinking about what you want at the end of life. Your agent may refer to this work sheet if you become unable to speak for yourself. Use more paper if you need more space. Please note, this is not a legal document and does not have to be filled out to complete your advanced directives.

My values, beliefs and priorities

Which family members and friends are you closest to?

What do you need most for your physical or mental well-being? Being outdoors? Listening to music? Being aware of your surroundings and who is with you? How important are seeing, tasting and touching to you?

Are you spiritual or religious? Would you like a member of the clergy to be with you when you are dying?

LIFE PLANNING WORK SHEET CONTINUED

How would you like to be remembered? What kind of person have you tried to be? Which accomplishments are you most proud of?

Are there cultural or ethnic beliefs and practices that are important to you?

What fears do you have about dying?

What would you like to tell your loved ones before you die?

LIFE PLANNING WORK SHEET CONTINUED

Sedation may be necessary to control pain that may accompany the end of life. Would you want to be sedated even if it makes you drowsy or puts you to sleep much of the time?

Would you be interested in hospice care?

What would you like the last week of your life to be like? Who will be there? Where will you be? What will you eat if you can eat? What would you like your last words or acts to be?

How do you envision your memorial service or funeral? What songs would you like? Which readings? Who would you like to participate?

Would you like to write a letter or make a taped message for your loved ones to open at a future time? Who should receive the letter or tape?
