

My End of Life Wishes

Name: _____

Date: _____

Names of people involved in the discussion:

Relationship:

Instructions and Suggestions On Using “My End of Life Wishes”

This worksheet will present 8 different questions and topics for discussion. A number of possible answers and comments have been provided under each question of topic. Please select as many answers as you want.

Space has also been provided at the end of each question or topic for your individual answers. You are encouraged to write down any response you want. You can also use this space for writing comments and concerns you have about your answers.

This worksheet is meant to help guide a conversation with others. Close friends and family are good choices of people to include. You are encouraged to discuss your responses and concerns with others in order to help them understand your needs and preferences towards the end-of-life. Be sure to write down the names of the people involved in this discussion on the front page. You may also want to write down their relationship to you.

Lastly, you should revisit your responses and keep them up to date. If your values, preferences, or needs change after completing this worksheet, make sure your new values, preferences, or needs are known. The worksheet is green to make it easy to find in a file cabinet, folder or drawer. Keeping it in a place where it will be safe but is easily accessible is suggested. Be sure your family or friends know where to find it in case of emergency.

Do you have an advance directive? Yes _____ No _____

If you answered yes please indicate what type of advance directive you have:

_____ Do Not Resuscitate Order (DNR)

_____ Out of Hospital Do Not Resuscitate Order (DNR)

_____ Advance Directive

_____ Directive to Physician (Living Will)

_____ Durable Power of Attorney for Health Care (Health Care Proxy/Surrogate)

Who is _____

Other _____

Where would you like to die?

_____ My Home

_____ Hospital

_____ A Relatives Home

_____ Hospice

_____ In A Church

_____ Nursing Home

Other/Comments _____

Describe the setting in which you would like to die:

_____ Alone

_____ Surrounded By Family

_____ Surrounded By Friends

_____ Surrounded By Friends

_____ With Music Playing

_____ In A Well Lit Room

_____ Surrounded By Flowers

_____ Surrounded By Pleasant Smells

_____ Surrounded By Photographs

_____ Surrounded By My Favorite Art

_____ In A Warm Place

_____ In My Bed

_____ In A Quiet Place

_____ Outdoors

Other/Comments _____

Describe the state of mind you would like to be in at the time of your death:

_____ Calm

_____ Accepting Of Death

_____ Free Of Stress

_____ Happy

_____ Satisfied

_____ Independent

Other/Comments _____

Who would you like to have with you when you die?

____ Nobody, I Want To Be Alone ____ Spouse/Partner

____ Parents ____ Children

____ Other Relatives ____ Close Friends

____ Spiritual Advisor ____ Nurses

____ Doctors

Other/Comments _____

Who do you want to make decision about your health care and death?

____ Myself ____ Spouse/Partner

____ Parents ____ Children

____ Other Relatives ____ Close Friend

____ Spiritual Advisor ____ Nurses

____ Doctors

Other/Comments _____

What do you fear most about death?

_____Pain

_____Physical Suffering

_____Fear Of The Unknown

_____Things Being Left Undone

_____Watching Family Grieve

_____Being A Financial Burden

_____Being Cold

_____Losing My Mind

_____Losing My Independence

_____Leaving Family And Friends

_____Losing My Dignity

_____Being Forgotten

_____Not Going To Heaven

_____Leaving Problems Unresolved

_____Leaving Before Mending Relationships With Family

_____Leaving Before Mending Relationships With Friends

_____Leaving Before Mending My Relationship With God

_____I Have No Fears

Other/Comments_____

Describe tasks you would like to accomplish before you die:

_____ Tell My Family And Friends I Love Them

_____ Prepare My Friends And Family

_____ Prepare Myself

_____ Say Goodbye To Family And Friends

_____ Mend Relationships

_____ Become Religious

_____ Gain A Sense Of Closure

_____ Gain Peace Of Mind

_____ Spend Time In My Favorite Place

_____ Get My Finances In Order

_____ Try A New Hobby

_____ Help Plan My Funeral

_____ Try New Food

_____ Tell My Story

_____ Travel

Other/Comments _____
