

Use this worksheet to reflect upon your end-of-life wishes. You can work on it alone, or with family or friends. It is not a legal document and should not be used in place of an advance directive or a will.

## **My values, beliefs and priorities**

Who are you closest to in your life?

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Who in your life do you trust to make medical decisions for you? How about financial decisions?

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What do you need to feel physically and emotionally well? Music? Being outdoors? Being with family and friends? How important are seeing, tasting and touching to you?

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

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## End-of-life care

Who would you like to be with you when you are dying?

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Where would you like to spend the last days of your life?

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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?

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What would you like the last week of your life to be like? What do you want your family to know?

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What fears do you have about end-of-life?

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Do you have an advance directive? If not, talk to your doctor or lawyer about completing one.

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## Funeral or Memorial Services

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

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Do you have a will?

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Additional Notes:

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