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?

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

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?

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________
**End-of-life care**

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

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

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?

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________
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?

________________________________________

________________________________________

Additional Notes:

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