



# Life Planning Worksheet

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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