

# My End of Life Wishes

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Names of people involved in the discussion:

Relationship:

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## **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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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 \_\_\_\_\_

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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\_\_\_\_\_

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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 \_\_\_\_\_

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