

AN ADVANCE CARE PLANNING WORKBOOK

➤ **How much do I want to know about my health?**

.....

I do not like to know anything *I like to know a little at a time* *I like to know everything*

➤ **As a patient, I'd like to know...**

.....

Only the basics about my condition and my treatment *All the details about my condition and my treatment*

➤ **When there is a medical decision to be made, I would like...**

.....

My health care team to do what they think is best *To have a say in every health care decision*

➤ **What are my concerns about medical treatments?**

.....

I worry that I won't get enough care *I worry that I will get too much care*

What makes life meaningful?

Consider: What does a good day look like? How do you like to spend your time? What do you do for fun? What brings you joy?

What do you value most about your mental or physical health?

What abilities are so crucial to your everyday life that you can't imagine living without them?

What matters most to you through the end of your life?

What or who supports you during difficult times?

**What do you worry about most when it comes to your future health, or death?
What situations or conditions would you find difficult?**

When you think about your death, what do you want, or not want, to happen?

**When you are nearing death and cannot communicate, what would you want
your family and doctors to know and remember about you?**

What are your wishes for after death?

If you have any questions or would like support around your advance care plan, please
call Sunshine Coast Hospice at 604-740-0475 Ext 6
or email us at acp@coasthospice.com

