

## Template: Preparing for Advance Care Directive

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*This worksheet is a private tool to help you think about what matters most to you. Use these prompts to gather your thoughts before filling out your official Advance Care Directive.*

### Part 1: What Makes My Life Meaningful?

*What activities, experiences, and relationships are most important to my quality of life?*

- The people I want to be able to recognise and interact with are:  
\_\_\_\_\_
- Activities that bring me joy and I would not want to live without are (e.g., reading, listening to music, being outdoors, talking with family):  
\_\_\_\_\_
- My biggest fear about my future health is:  
\_\_\_\_\_
- For me, a good day looks like:  
\_\_\_\_\_

### Part 2: My Views on Independence, Dignity, and Comfort

*What level of health and independence is acceptable to me?*

- I would find it unacceptable to live if I could no longer:  
\_\_\_\_\_
- My wishes regarding pain and symptom management are (e.g., I want to be kept as comfortable as possible, even if it means I am drowsy):  
\_\_\_\_\_
- My important spiritual, religious, or cultural beliefs that I want others to respect are:  
\_\_\_\_\_

### Part 3: My Specific Wishes for Medical Treatment

*This section is to think about specific treatments. You should discuss these with your doctor.*

- **Cardiopulmonary Resuscitation (CPR):** If my heart and breathing stopped, I would want CPR...
  - ☐ In most situations.
  - ☐ Only if my doctor thinks a good recovery is likely.
  - ☐ Not at all.
- **Assisted Ventilation (Breathing Machine):** I would want to be on a breathing machine...
  - ☐ For a short time to overcome a temporary illness.
  - ☐ For a long time, if needed.
  - ☐ Not at all.
- **Artificially Administered Hydration and Nutrition (Tube Feeding):** I would want tube feeding...
  - ☐ For a short time to overcome a temporary illness.
  - ☐ For a long time, if needed.
  - ☐ Not at all.

### Part 4: My Preferences for Place of Care

- If I am nearing the end of my life, I would prefer to be cared for at (tick all that apply):
  - ☐ Home
  - ☐ Hospital
  - ☐ Hospice / Palliative Care Unit
- I would like the following people to be with me if possible:  
\_\_\_\_\_

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**Disclaimer:** This template is for informational purposes only and does not constitute professional advice. We do not guarantee the accuracy or reliability of its information or calculations.

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