

My Care Preferences Worksheet

A guide to help communicate your wishes for medical care and quality of life

Name: _____ **Date of Birth:** _____

Date Completed: _____ **Review Date:**

NHS Number: _____

Important: This worksheet helps communicate your preferences but is not legally binding. For legally binding decisions about refusing treatment, complete an Advance Decision. This worksheet can guide your loved ones and healthcare team in understanding your values and wishes.

What Matters Most to Me

My definition of quality of life includes:

- ☐ Being able to communicate with loved ones
- ☐ Being aware of my surroundings
- ☐ Being able to make my own decisions
- ☐ Being free from significant pain
- ☐ Being able to eat and enjoy food
- ☐ Maintaining personal dignity
- ☐ Living at home as long as possible
- ☐ Being able to care for myself
- ☐ Spending time with family and friends

☐ Practicing my faith/spiritual beliefs

Other important aspects:

Things that give my life meaning:

Consider relationships, activities, beliefs, goals, or experiences that are most important to you

Medical Treatment Preferences

My approach to life-sustaining treatments:

- ☐ I want all possible treatments to extend my life
- ☐ I want treatments only if they can help me maintain quality of life
- ☐ I want to focus on comfort rather than extending life
- ☐ My preferences depend on my condition and prognosis

Additional thoughts:

Pain and symptom management:

On a scale of 1-10, how important is each of the following to me?

1 = Not Important

5 = Moderately Important

10 = Extremely Important

Being completely free from pain: _____

Being alert and aware even if in some pain: _____

Being able to communicate even if uncomfortable: _____

Avoiding medication side effects: _____

Other preferences about pain management:

Specific medical interventions:

Under what circumstances would I want or not want:

CPR (Cardiopulmonary Resuscitation):

Consider: Would this depend on my overall condition? Likelihood of success? Quality of life after?

Mechanical Ventilation (Breathing Machine):

Consider: Short-term vs long-term use? If I could recover vs permanent dependence?

Artificial Nutrition and Hydration (Feeding Tubes):

Consider: Temporary vs permanent? My ability to enjoy food? Overall prognosis?

Dialysis:

Consider: Quality of life on dialysis? Travel requirements? Overall health condition?

Care Environment Preferences

Where I would prefer to receive care:

First choice: _____

Second choice: _____

I would prefer to avoid: _____

- ☐ At home with support
- ☐ Hospice facility
- ☐ Hospital
- ☐ Care home with nursing
- ☐ With family members

Important factors about my care environment:

Consider: Privacy, visitors, pets, music, religious items, outdoor access

My ideal care environment would include:

Must Have:

Would Like:

Prefer to Avoid:

Absolutely Not:

Personal, Spiritual, and Cultural Preferences

Religious or spiritual needs:

My faith/belief system: _____

Spiritual practices important to me:

Religious/spiritual leader to contact:

Name: _____ **Phone:** _____

Cultural considerations:

Include any cultural practices, dietary requirements, or customs important to your care

Personal preferences:

Music I find comforting: _____

Items I'd like nearby: _____

Daily routines important to me:

Communication and Decision-Making

How I prefer to receive medical information:

- ☐ I want full details about my condition and prognosis
- ☐ I prefer general information without too much detail
- ☐ I want only essential information
- ☐ I prefer my healthcare proxy to receive information

Other preferences:

People I want involved in my care decisions:

Primary contact: _____ Phone: _____

Secondary contact: _____ Phone: _____

People I do NOT want involved:

End-of-Life Preferences

When the end is near, what's most important to me:

- ☐ Being surrounded by loved ones
- ☐ Having time alone for reflection
- ☐ Completing unfinished business
- ☐ Being at peace with my spiritual beliefs
- ☐ Being in a familiar environment
- ☐ Having my pets nearby
- ☐ Listening to favourite music
- ☐ Being outdoors or near a window

Other wishes:

Messages or tasks I'd like to complete:

Consider: People to see, things to say, forgiveness to give or receive, life review

After my death:

Organ donation preferences:

Funeral/memorial preferences:

See also my: ☐ Will ☐ Funeral plan ☐ Letter of wishes

Additional Thoughts

Anything else I want my loved ones and care team to know:

Signatures

I have discussed these preferences with the people named below, who understand my wishes:

My signature: _____ Date:

Witness 1: _____ Date:

Print name: _____

Witness 2: _____ Date:

Print name: _____

Sharing this document:

- *Give copies to your GP, healthcare proxy, and close family members*
- *Keep a copy with your important documents*
- *Take a copy if admitted to hospital or hospice*
- *Review and update annually or when circumstances change*
- *This complements but doesn't replace legal documents like Advance Decisions or LPAs*

You can print this document and then complete the sections by hand.
You can find more templates at www.notsograve.co.uk

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