

Voicing My Choices

*Empowering adolescents and young adults
experiencing medical challenges*



Name: _____

Age: ____ Date: _____

*Adopted from "Voicing My Choices" and "My Wishes" by Aging With Dignity

About Me

This is a page for you to share what is important to you
and what makes you who you are.

My interests:

My favorite things:

My favorite foods:

My favorite places:

My family:

My friends:

Other important people:

My Choices for how I want people to treat me.

(Check any box that you would want.)

- ☐ I wish to be cared for with kindness and respect.
- ☐ I wish for these things so I don't feel alone:
 - ☐ I do not want to be alone
 - ☐ I would like my family to be with me whenever possible
 - ☐ I would like my friends to be with me whenever possible
 - ☐ I would like visitors whenever possible
 - ☐ Please always ask me before visiting
 - ☐ If I am sleeping when someone comes to visit, I would like to be woken up
- ☐ The people I want with me are:
 - ☐ _____
- ☐ I especially want these people with me when:
 - ☐ _____
 - ☐ _____
- ☐ When people are with me, I want them to:
 - ☐ _____
 - ☐ _____
- ☐ I wish to have my favorite things with me if possible. Those things are:
 - ☐ _____
 - ☐ _____
 - ☐ _____
 - ☐ _____
 - ☐ _____
- ☐ Things I like others to do:

- _____
- _____
- _____
- _____
- _____

☐ Things I don't like others to do:

- _____
- _____
- _____
- _____
- _____

My Choices for how I want to manage my pain and comfort.

Sometimes people can feel uncomfortable when they are going through an illness. For example, they might have pain, become very tired, or not feel like themselves. It is important for others to know how you want to be treated and what will make you feel more comfortable.

- ☐ I do not want to be in pain.
- ☐ I want my doctor to give me enough medicine to stop my pain, even if it makes me tired.
- ☐ I want to receive medications to reduce my pain but I do not want to be too sleepy or drowsy. I want to be awake enough to interact with my family and friends.
- ☐ I'm most comfortable when:
 - ☐ _____
 - ☐ _____
 - ☐ _____
 - ☐ _____
 - ☐ _____
- ☐ These things make me feel good, when I'm uncomfortable (favorite book, song, etc.):
 - ☐ _____
 - ☐ _____
 - ☐ _____
- ☐ There are some things I do not like:
 - ☐ _____
 - ☐ _____
 - ☐ _____
 - ☐ _____
- ☐ If I look uncomfortable in the following ways:
 - ☐ I want treatment to help me if I:

- ☐ Look sad
- ☐ Am irritable/frustrated
- ☐ Look nauseated
- ☐ Look confused
- ☐ Look like I am having a hard time breathing
- ☐ Am cold or hot
- Other things that are important to me are:
 - ☐ If my friends are coming to visit, please dress me, comb my hair, and do whatever else is needed to help me look like myself
 - ☐ Massages whenever possible as long as they do not cause me discomfort
 - ☐ To be bathed
 - ☐ To have music playing or television on in my room
 - ☐ To have my favorite foods available

My Spiritual Thoughts and Wishes

Not everyone has a religion or spiritual beliefs with which they feel connected. Others find great comfort in a faith or a belief system. On this page, you can write down your own thoughts on religion and spirituality and indicate what brings you the greatest comfort.

- ☐ I would not like to have spiritual/religious activities incorporated into my care.
- ☐ I would like to have spiritual/religious activities incorporated into my care (*please check all that apply*):
 - ☐ I would like people to come pray with me
 - ☐ I would like members of my religious/spiritual community to be told about my illness and I would like them to pray for me
 - ☐ I would like members of my religious/spiritual community to visit me
 - ☐ I would like a hospital-based religious leader such as a chaplain, rabbi, priest, or pastor to visit me while I am sick
 - ☐ Every day
 - ☐ Once a week
 - ☐ Just when I ask
- ☐ People from my religious community that I would like to come visit me are:
 - ☐ _____
 - ☐ _____
- ☐ These spiritual/religious beliefs are particularly important to me:
 - ☐ _____
 - ☐ _____
 - ☐ _____
 - ☐ _____

- ☐ The spiritual objects (such as prayer beads, holy books, or figurines) that I would like to have with me are:

- _____

- _____

- ☐ Other spiritual thoughts or wishes that I would like to share with my family and/or friends are:

- _____

- _____

My Wish for what I want my doctors, nurses, and care team to know

These are the things I would like everyone who takes care of me to
know:

- ☐ I want you to call me by my name or nickname:

- ☐ I want you to tell me your name, why you are here, and what
you are going to do before you do it.

- ☐ I want you to know how I feel about coming to the hospital:

- ☐ When being given information about myself, I like to know:

- ☐ A lot of information
- ☐ Some information
- ☐ As little information as possible
- ☐ No information
- ☐ Other:

- ☐ When being given new information, when possible I want to be
told by (*check all that apply*):

- ☐ Parents/caregivers
- ☐ Doctors or nurses
- ☐ Child Life staff
- ☐ Other: _____

- ☐ I want to be told when something may hurt me.

- ☐ If I need a painful procedure, these things help me:

- _____
- _____
- _____

- ☐ I understand that sometimes you will need to examine my body, but please respect my privacy and dignity by:
- Closing the curtain
 - Covering me with a gown or sheet
 - Closing the door whenever possible
 - Allowing me to wear my own clothes
 - I don't mind having these people in the room when I am being examined:

- _____
- _____

- ☐ If I feel angry, happy, sad, scared, silly, or lonely, I would like to be able to talk to you about it.

- ☐ These things help me feel safe:

- _____
- _____
- _____

- ☐ I want all of questions to be answered honestly and in words that I can understand.

- ☐ I know I need time to rest and sleep, but I also want to have time to play.

- ☐ These are the other things I would like you to know about me when taking care of me:

- _____
- _____
- _____
- _____

My Wishes for what I want my loved ones to know

- ☐ I wish to have my family and friends know that I love them.
- ☐ I wish for my family, friends and caregivers to respect my wishes even if they do not agree with them.
- ☐ I want my family to know that I am thankful for their love and support. I am especially thankful for:
 - _____
 - _____
 - _____
- ☐ I want my friends to know that I am thankful for their love and support. I am especially thankful for:
 - _____
 - _____
 - _____
- ☐ Sometimes I feel worried about:
 - _____
 - _____
- ☐ I wish my family and friends to know that I am not afraid of:
 - _____
 - _____
- ☐ The things that give me strength are:
 - _____
 - _____
 - _____
- ☐ The things that give me joy are:
 - _____
 - _____

This image shows a single sheet of white paper with horizontal green ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Voicing My Choices

Signature Page

I, _____, ask that my family, friends, doctors, and nurses try to follow my wishes as much as possible.

Signature: _____

Date: _____

Additional thoughts:

This image shows a single sheet of white paper with horizontal green ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Family members, friends, and caregivers who have read my

Voicing My Choices:

Name

Date

This image shows a full page of blank handwriting practice paper. It features approximately 28 evenly spaced horizontal green lines across the entire page, providing a guide for letter height and placement. The background is plain white, and there are no margins, text, or other markings present.This image shows a single sheet of white paper with horizontal green ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

How I want to be Remembered

If it is more comfortable, you may choose to let others decide about a funeral, a memorial service, and caring for your body after death.

Or you can use these pages to voice your preferences.

My Remembrance

- ☐ I prefer not to be part of planning my service
- ☐ I prefer to plan my service (*check all that apply*)
 - The type of service(s) I would like are:
 - ☐ Funeral
 - ☐ Memorial service
 - ☐ Celebration of my life
 - I would like:
 - ☐ To be buried
 - ☐ To be cremated
 - ☐ To donate my body to science
 - ☐ To be an organ donor
 - ☐ An open casket
 - ☐ A closed casket
- ☐ The clothes I would like to be wearing (for my service/cremation/burial) are:
 - _____
- ☐ The items that I would like with me are:
 - _____
- ☐ The music/food I want at my service are:
 - _____
 - _____
- ☐ The people I would like to be present are:
 - _____

- _____
- ☐ I would like these readings at my service:
 - _____
 - _____
- ☐ I would like these other arrangements at my service:
 - _____
 - _____
- ☐ If my family or friends want to make contributions or donations, I would like them to go to:
 - _____

My Belongings

- ☐ This is how I would like to share my belongings
 - Clothes: _____
 - Games: _____
 - Art: _____
 - Photographs: _____
 - Computer: _____
 - Furniture: _____
 - Pets: _____
 - Books: _____
 - Music: _____
 - Phone: _____
 - Other electronics: _____
 - Money/savings: _____
 - Other belongings: _____

Special Days

- ☐ How I want to be remembered on my birthday:
 - _____
- ☐ How I would like to be remembered on other important days:

- _____
- ☐ When people ask about me, please say the following:
 - _____
 - _____
 - _____

Wishes for Myself and Others

- ☐ I wish for my family and friends to think about what I was like before I became very sick.
- ☐ I wish for my family and friends to think of how strong I have been while I have been sick.
- ☐ I wish for comfort for my family and friends when they feel sad or worried.
- ☐ If I have hurt or upset any of my friends, family, or others, I wish to be forgiven for:
 - _____
 - _____
 - _____
- ☐ When I have been hurt or upset by my family, friends, or others, they should know I forgive them for:
 - _____
 - _____
 - _____
- ☐ I wish for my family and friends to know the following:
 - _____
 - _____
 - _____