



Lifeline

Be yourself – your whole life through

Foreword

You are unique. That's just as it should be. At the Swedish Association of Occupational Therapists we think you should hold firmly on to your uniqueness throughout your entire life. This implies that you must be entitled to live a life that is meaningful – for you: a life in which you decide matters and feel real participation concerning your daily living. Irrespective of how old you are, or what can have an effect on your possibilities of having your say about how you want things to be, we want to help you to continue to be who you are.

One step we've taken is to publish this booklet which we've chosen to call *Lifeline*. In it you can write down things that are most important to you: your ideas about how you want to live and thoughts about the future. The booklet also has a section about your background; things you remember and like to think about from the past and what has been important to you in your life.

Lifeline provides guidance for your relatives and friends and, perhaps, for healthcare and nursing personnel so that they are enabled to take care of you in the way that you want to be looked after. *Lifeline* is meant to be a complement to other medical documentation. The thoughts you write down will help those around you to take wise and important decisions if you are no longer able to do so.

Lifeline

© The Swedish Association of Occupational Therapists, September 2011 (rev. December 2011)
Translated and revised by Michael Eyre from the original *Livsboken*.

ISBN: 978-91-86210-64-9

Illustration on cover: Colourbox

Published by Sveriges Arbetsterapeuter, Box 760, SE 131 24 Nacka, Sweden

Contents

To you – before you fill in Lifeline	4
To readers of Lifeline	4
Communication	5
A little about who I am today	6
Background	9
Activities	11
Working life	13
Sleep, rest and relaxation	14
Lifestyle (Marital status etc , now and past)	14
Home life	15
Food and drink	17
Healthcare, nursing and hospitalization	20
Personal care	19
Life's last stages	22
Other notes	23

To you – before you fill in Lifeline

It's always a good idea for you to decide on how you want to live the rest of your life. Perhaps it's more important now than ever before. When filling in information in Lifeline you need only note down things that are important to you. No more, no less. Leave questions unanswered if you don't think they're important. But make sure you highlight items that are so important to you that other people must respect them.

To help you fill in details we've suggested examples after most questions. But, of course, it's entirely up to you to write down exactly what you want to.

When you've finished you should tell your relatives and/or other person(s) near to you where you keep this booklet. It may be a good idea and clarify things if you go through what you've written with people who are close to you.

It may be important to review and update what you've written in Lifeline. Sometimes opinions and values that we held to be unchangeable do change. Circumstances that affect our wishes may also alter.

To readers of Lifeline

You're holding my Lifeline in your hands. I want it to give you and other important people in my life guidelines. Not only does my Lifeline contain decisions that I've made about my future healthcare, it also tells you the story of who I am and what makes me feel well.

Feel free to talk with me about what I've written in my Lifeline. If we do so I can tell you why some things are important, others not.

Please help me to update my Lifeline from time to time. My priorities may change over time as may be the case if my circumstances change drastically.

Trust that I, with your help, have a voice that can be heard, enabling us to make wise decisions even in the future. I want to have the possibility of continuing to participate in what my life looks like.

Communication

These are
important to me

Meeting and greeting (I shake hands, bow, kiss cheek to cheek):

To feel at ease, what I need to know about you is (your name, how long you've been working here, what you've done earlier):

Physical contact is important for me:

Yes

No

Comments:

My verbal communication (like irony, enjoy discussions, am quiet):

How I want to get important information (telephone, internet, text messages, listen to radio, watch TV, read newspapers, letters):

Brief information about me

These are
important to me

My family and my home (partner, children, relatives; type of home, summer house):

.....
.....
.....
.....

My pets (dog, cat, horse):

.....
.....

My allergies, if any (foods, animals, perfume):

.....
.....
.....
.....

Transport preferences (car, boat, wheelchair, transport services for the disabled, bus):

.....
.....

Roles that I have/have had that are important to me (sibling, wife/husband/partner, parent, grandparent, mentor, occupation, friend):

.....
.....
.....
.....

How I want to celebrate my birthdays (not at all, dinner party, birthday cake):

.....
.....
.....

These are
important to me

My views about life:

Important festivals for me (religious traditions, holidays, other traditions):

These make me happy (activities, people, seasons):

These worry me, make me uneasy (people I don't know, activities):

When I'm worried/uneasy you can calm me by (talking softly, combing my hair, holding my hand, joking):

My personality, earlier and nowadays (extroverted, quiet, sociable, forgetful):

These are
important to me

I think it's important to vote (national, regional, local elections, church council, associations/
societies):

Yes No

TV programmes I enjoy watching: (debates, sport(s), news, documentaries, soaps/series):

.....
.....
.....

I want to be active in (voluntary work, religious community, taking care of grandchildren,
sports club):

.....
.....
.....

It's important for me to participate in society (updated on news, take part in meetings/social
events) :

Yes No

Comments:

.....

My future (expectations, views on ageing, dreams I'd like to fulfil):

.....
.....
.....
.....
.....
.....
.....

Background

These are
important to me

Place of birth and places I've lived in (childhood home, summer cottage):

.....
.....
.....
.....

My family when I grew up (parents' names and occupations, sibling(s)' name(s), my place in family oldest/youngest etc):

.....
.....
.....
.....
.....
.....
.....

Other important people (neighbours, colleagues, close friends, godparents):

.....
.....
.....
.....
.....

My schooldays (school, favourite subject(s), schoolfriends, further education):

.....
.....
.....
.....
.....
.....
.....
.....
.....

These are
important to me

Military service/alternative (regiment, rank, type of service (force)):

My working life (places of work, type of work):

Interests that have been/are important to me (sailing, pets, family, dancing, photography):

Important events in my life:

Things I don't like to talk about (sport, music, the weather):

Activities

These are important to me

Things I like to do often and person(s) I like doing this together with (travelling with my children, singing in a choir, writing a diary/blogging, baking (cakes) with my parents):

.....
.....
.....
.....
.....
.....
.....

It's important to me to take part in (cleaning, washing, cooking, household shopping):

.....
.....
.....
.....
.....

If you want to help me a little on a weekly basis the most important things for me to do are:

.....
.....
.....
.....
.....

It's important for me to get out of doors every day:

Yes No

Comments:

.....

Things I like to listen to (radio programmes, entertainers, talking books):

.....
.....
.....

These are
important to me

Things I like to watch (TV programmes, films, documentaries, sport(s)):

.....
.....
.....
.....
.....

Things I like reading, or would like you to help me to read (books, newspapers):

.....
.....
.....
.....
.....

Cultural activities that I enjoy (theatre, musicals, concerts):

.....
.....
.....
.....
.....

Important things for me to do on special occasions (traditions, customs, club/association events):

.....
.....
.....

Working life

These are
important to me

Occupation:

.....
.....
.....
.....

I like working with (types of work, tasks, voluntary, daily activities):

.....
.....
.....
.....
.....

Things that are important to me when working (routines, variation, special support, colleagues/
workmates, tools and aids):

.....
.....
.....
.....

Sleep, rest and relaxation

These are
important to me

I usually want to get up (early, late, same time every day):

.....
.....
.....

I usually want to go to bed (early, late, same time every day):

.....
.....
.....

I want to rest when:

.....
.....
.....

Things I want you to think about to help me sleep (drink tea, read a book, listen to radio,
darken room/have light on, nightdress/pyjamas):

.....
.....
.....
.....
.....
.....
.....
.....

Lifestyle

Important for my lifestyle (share bed with partner, please don't disturb, aids):

.....
.....
.....
.....

Home life

These are
important to me

I want to live at home as long as possible (including services, home care, adapting home to changed circumstances, aids):

Yes No

I want to take part in decisions about when and where I move:

Yes No

I want to live (alone/with partner, relative, friend, pet(s):

If I'm unable to live at home any longer it's important to me that my new home has:
(personnel who speak my native language, a sauna, a gym, a pool, an allotment garden,
a restaurant; is close to countryside, accepts pets, faces North/South/East/West , is on
ground/first/second third floor)

Some things that it's important for me to take with me to my new home (belongings, furniture):

These are
important to me

If I have to lie in bed for a long time I want to have near me (photos, books, toothpicks):

.....
.....
.....
.....
.....
.....
.....
.....
.....

I don't have these today but would like to have in future (internet access, garden, pets):

.....
.....
.....
.....
.....
.....
.....
.....
.....

To feel safe I need (alarm, telephone, to live with someone, supervision):

.....
.....
.....
.....
.....

Who I want to help me with my economy when I'm unable to manage (name of relative,
trustee, friend):

.....
.....
.....
.....
.....

Food and drink

These are
important to me

I like to eat and drink (homemade food, Greek dishes, herring, milk):

.....
.....
.....
.....
.....
.....

I don't like/ won't eat:

.....
.....
.....
.....

Eating and drinking habits (for example breakfast routines, mealtimes, knives, forks/chopsticks, flowers on table):

.....
.....
.....
.....
.....
.....
.....
.....

I want to eat together with others or alone:

With others

Alone

These are
important to me

It's important for me to eat and drink (for example for festivals, holidays):

1

"Bad habits" that I intend to continue (sweets, smoking):

1

.....
.....
.....

Decisions about food and drink that are important for me (alcohol, vegetarian, organic):

1

Personal care

These are
important to me

Important things about my appearance (dye my hair, shave, cosmetics, hairstyle):

.....
.....
.....
.....
.....

Clothes I like to wear (colour, design, style, quality):

.....
.....
.....
.....

For personal hygiene I want to use the following (razor, perfume, aftershave, brand of soap):

.....
.....
.....
.....

Important things about my personal care (how I want to look after my teeth, how often I want to shower, cold/hot water, take a bath instead of a shower):

.....
.....
.....
.....

How I want to take care of my body (massage, exercise/training, pedicure):

.....
.....
.....
.....

Healthcare, nursing and hospitalization

These are
important to me

The information below complements other medical documentation.

I want to take part in decisions about how I'm taken care of:

Yes No

I'd like the following person(s) to take part in caring for me (name of friends, relatives, partner, child(ren), other person whose advice should be sought when making important decisions):

.....
.....
.....
.....
.....
.....

I'd like to be able to influence (time of day/night when care is given, who is to provide care, the kind of care that I want):

.....
.....
.....
.....
.....
.....
.....
.....

Type(s) of treatment that I want to have (rehabilitation):

.....
.....
.....
.....
.....

These are
important to me

Treatment that I don't want (blood transfusions, transplants):

1

Earlier experience of care, healthcare, hospitalization that I want you to be aware of (operations, rehabilitation, earlier illnesses/diseases):

1

Who I want to help me in my home (accept outside help, name of friend(s), relative(s)):

1

Life's last stages

These are
important to me

To me this is quality of life towards the end (important activities, acts, being close to the country):

.....
.....
.....

My feelings about life-sustaining measures towards the end (tube feeding, drip, respirator):

.....
.....
.....
.....

Where I want to be towards the end (home, hospice):

.....
.....
.....
.....

If I'm confined to bed I want to have near me (name(s) of people who are close to me who I'd like to visit me, important things I'd like to have nearby):

.....
.....
.....
.....
.....

You may want to supplement this document with others, provided, for example, by undertakers. Such documents may facilitate for people close to you to decide about arrangements for your funeral. You may think it worthwhile to consider making a donation/donations. Perhaps you can get access to a donations' register or ask someone to find out for you.

Other notes

These are
important to me

I also think it's important for you to know:



This document belongs to:

I want to be called:

Please contact (name(s) + contact details:

Date when I wrote my Lifeline (or date when updated):



Planiavägen 13, Box 760, 131 24 Nacka, Sweden, +46 8 466 24 40