This checklist may help you to organize your thoughts, wishes, and actions when thinking about and planning your medical assistance in dying provision. Everyone’s planning will be unique; some people keep the details quite simple, while others wish to include more detail. You can use this checklist by yourself, or discuss it with family or friends. The Provincial MAID Program team can help you plan your MAID provision. Remember, you have the right to change your mind up until the moment before the medications are given. You can withdraw your request for MAID completely, change provision to another day, or pause provision without another date in mind.

**Important details that must be decided and organized with the Provincial MAID Program**

Date of Provision: _________________________  Time of Provision: _________________________

Location of Provision: ________________________________________________________________

Funeral Home: _______________________________________________________________________

Above details discussed with a member of the Provincial MAID Program: Yes ______

MAID Program Phone number: 1-833-473-6243
MAID Program Email: provincialMAIDprogram@saskhealthauthority.ca

**Who will be part of your medical assistance in dying provision and in what ways**

Person/People helping you plan: _____________________________________________________________

Who will be present (family, friends, children, spiritual support, etc.): _____________________________

People who will not physically be in the room and are going to be present using audio or visual technology:

_____________________________________________________________________________________

_____________________________________________________________________________________

Other ways those not present can participate (having someone read a message they wrote or recorded, having a special object in their place, a picture to be with you, etc.): ________________________________

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Set up of your space (where you want to be lying, where you want people in the room-on your bed, sitting beside you, lying with you, holding your hand or touching you, out of your view, etc.): _____________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Special requests/rituals:

Food/meal: _________________________________________________________________________________

Drink: ______________________________________________________________________________________

Special pictures, objects, comforts: ______________________________________________________________
___________________________________________________________________________________________

Clothing, jewellery you want wear or hold:_________________________________________________________
____________________________________________________________________________________________

Special bedding (pillows, blankets):  ______________________________________________________________

Readings/prayers and by who: __________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Final words (saying goodbye, expressing love): _____________________________________________________
____________________________________________________________________________________________

Music (having music can sometimes lessen the heaviness of the moment when the medications are provided and when death occurs): _______________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Other requests/rituals/ceremonies: __________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
After your medical assistance in dying death—considerations for those present:

How much time with your body for special rituals, goodbyes, comforting each other: _____________________
__________________________________________________________________________________________

Who will remain with your body until the funeral home arrives and brings your body into their care: _________
__________________________________________________________________________________________

Special instructions for your family in terms of caring for your personal belongings in the room: _____________
__________________________________________________________________________________________

Other ideas, thoughts, wishes:
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Other ideas, thoughts, wishes—continued:

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