

Dignity Talk Documentation



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Last name	First name	Date of birth	
Address	Postal code	City	Street, No.

Conversation dates: 1
2
3
4

Place of living ☐ home ☐ nursing home ☐ other

Living situation ☐ alone ☐ with partner ☐ caregiver

Significant other(s) ☐ spouse/partner ☐ family member ☐ children
☐ nursing staff ☐ friends ☐ neighbour

Diagnosis ☐ cancer ☐ non-cancer
☐ heart/lung ☐ neurological ☐ other

Diagnosis since: ☐ < 3 months ☐ < 6 months ☐ < 12 months
☐ < 2 years ☐ < 3 years ☐ > 3 years

Conversation setting ☐ patient + volunteer ☐ patient + volunteer + significant other
☐ significant other + volunteer

Patient participation in the conversation ☐ Yes ☐ No

Card ranking	☐ Memories	☐ Forgiveness	☐ What still matters
	☐ Things about you	☐ Gratitude	☐ ...still to say
	☐ Special role	☐ Hopes & dreams	☐ Secret
	☐ The individual	☐ Lessons learned	
	☐ Regrets	☐ Advice	

Selected ranking of question cards (1–13)

Were any cards/questions deliberately declined?

Respondent's reaction ☐ active ☐ reserved
☐ hesitant ☐ curious

Attitude of significant other ☐ listening passively ☐ dominant
☐ commenting ☐ supportive

Volunteer comments ☐ easy access ☐ extensive explanations required
☐ ...able to refrain from influencing responses
☐ Respondent is aware of approaching death
☐ Respondent suppresses illness and death

End of support _____ Date _____ Death _____ Date _____

Date _____	Interviewer's signature _____	Documentation Code _____
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Instructions: ☐ Enter name and address
☐ Enter selected ranking (1–13)
☐ Mark all remaining items with (x)