Initials & Date: _____

Severe Dementia

Imagine you have severe dementia (see pg. 29 for details). This means you:

- cannot think or talk clearly, are confused and no longer recognize family members
- seem uninterested in what's happening around you
- are not in any pain
- are able to walk, but get lost without supervision
- need help with getting dressed, bathing, and bowel and bladder functions

Part A: Feelings about quality of life

Check the answer that best describes how you would feel about having severe dementia for the rest of your life.

Life like this would be difficult, but acceptable	Life like this would be worth living, but just barely	Life like this would not be worth living
☐	☐	☐

Part B: Preferences for different life-sustaining treatments

Imagine that while you have this dementia, you develop a life-threatening illness. The doctors feel that no matter what treatment you receive, you will remain demented, but the treatment will keep you from dying.

Check an answer for each treatment that best reflects what you would want.	I would want to receive this treatment	I would rather die naturally and not have this treatment	I don't know/can't answer right now
Antibiotics			
CPR			
Feeding tube: for a short time			
for the rest of my life			
Dialysis: for a short time			
for the rest of my life			
Mechanical ventilator: for a short time			
for the rest of my life			
Comfort care	✓		
Other treatments: (fill in)			

Part C: Reasons for my decisions or other comments

Would your answers be different if you seemed happy most of the time? **Yes** **No**

Would your answers be different if you seemed unhappy most of the time? **Yes** **No**

How?

_____

_____