

Specific Health Care Preferences

Initials & Date: _____

Severe Stroke

Imagine you have had a severe stroke (see pg. 30 for details). This means you:

- are able to think, but your ability to understand what is said to you and communicate with others is severely limited
- have aches and pains that make you uncomfortable most of the time
- are able to walk with a walker, but most of the time you get around in a wheelchair
- 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 a severe stroke for the rest of your life.

Life like this would be difficult, but acceptable <input type="checkbox"/>	Life like this would be worth living, but just barely <input type="checkbox"/>	Life like this would <u>not</u> be worth living <input type="checkbox"/>
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Part B: Preferences for different life-sustaining treatments

Imagine that in addition to the stroke, you develop a life-threatening illness. The doctors feel that no matter what treatment you receive, you will still have your stroke-related problems, 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
