

Specific Health Care Preferences

Initials & Date: _____

Terminal Illness

Imagine you are expected to die within the next two months (see pg. 31 for details about terminal illness). This means you:

- have days when you drift in and out of awareness
- have a lot of discomfort that requires medication
- are in bed most of the time due to weakness
- 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 a terminal illness.

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 terminal illness, you develop a life-threatening illness. The doctors feel that no matter what treatment you receive, you will get weaker and die in about 2 months, but the treatment will keep you from dying immediately.

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	✓		
Hospice			
Other treatments: (fill in)			

Part C: Reasons for my decisions or other comments
