Initials & Date: _____

Current Health

The information on this page could help others make decisions for you if you become unable to speak for yourself. The first part will give others an overall sense of how you view your current health situation.

Part A: Feelings about quality of life

Check the answer that best describes how you feel about your current health.

My life right now is just fine ☐	My life right now is difficult, but acceptable ☐	My life right now is worth living, but just barely ☐	My life right now is not worth living ☐

Part B: Preferences for different life-sustaining treatments

Imagine that you develop a life-threatening illness and couldn't speak for yourself. The doctors feel there is a good chance you would recover to your current health, but you might need one or more of the following treatments.

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

_____

_____

_____