



Are Some Conditions Worse Than Death?

Name & Date _____

This worksheet helps you to think about situations in which you would **not** want medical treatments intended to keep you alive. These days, many treatments can keep people alive even if there is *no* chance that the treatment will reverse or improve their condition. Ask yourself what you would want in the situations described below if the treatment would not reverse or improve your condition.

Directions: Circle the number from 1 to 5 that best indicates the strength and direction of your desire. If you wish, you can add additional thoughts on the *Comment* lines.

- 1 -- **Definitely want** treatments that might keep you alive.
- 2 -- **Probably would want** treatments that might keep you alive.
- 3 -- **Unsure of what you want.**
- 4 -- **Probably would NOT want** treatments that might keep you alive.
- 5 -- **Definitely do NOT want** treatments that might keep you alive.

What If You . . .	Definitely Want Treatment	←————→	Definitely Do Not Want Treatment		
a. No longer can recognize or interact with family or friends.	1	2	3	4	5
<i>Comment</i> _____					
b. No longer can think or talk clearly.	1	2	3	4	5
<i>Comment</i> _____					
c. No longer can respond to commands or requests.	1	2	3	4	5
<i>Comment</i> _____					
d. No longer can walk but get around in a wheel chair.	1	2	3	4	5
<i>Comment</i> _____					
e. No longer can get outside and must spend all day at home.	1	2	3	4	5
<i>Comment</i> _____					
f. Are in severe untreatable pain most of the time.	1	2	3	4	5
<i>Comment</i> _____					

What If You . . .

Definitely Want Treatment ←————→ **Definitely Do Not Want Treatment**

g. Are in severe discomfort most of the time (such as nausea, diarrhea). 1 2 3 4 5

Comment _____

h. Are on a feeding tube to keep you alive. 1 2 3 4 5

Comment _____

i. Are on a kidney dialysis machine to keep you alive. 1 2 3 4 5

Comment _____

j. Are on a breathing machine to keep you alive. 1 2 3 4 5

Comment _____

k. Need someone to take care of you 24 hours a day. 1 2 3 4 5

Comment _____

l. No longer can control your bladder. 1 2 3 4 5

Comment _____

m. No longer can control your bowels. 1 2 3 4 5

Comment _____

n. Live in a nursing home permanently. 1 2 3 4 5

Comment _____

o. Other: 1 2 3 4 5

Explain _____