



**Instructions for Completion:**

If you were in the condition described in the three situations, what would your choice be regarding the possible treatments listed to the left? Make your choice by placing your initials in the appropriate box.

**Note:**

In many cases in the situations described below, it may take days or even weeks for the prognosis to be established. In the interim, until the outlook is known, some of the treatments listed may be appropriate. Only after the prognosis is known with reasonable medical certainty, is it appropriate to withdraw or withhold such treatments.

The situation described assume your physician and at least two consultants share the opinion regarding the outlook for your recovery. The possible treatments are considered only if medically reasonable.

<p><b>Possible Treatments:</b></p> <p>Assume none of the following will improve or cure the condition described in the situations:</p>	<p><b>Situation A</b></p> <p>If I am in a coma, or in what is called a persistent vegetative state, and have no hope of recovery or of becoming aware of my surroundings or being able to use my mental abilities, then my wishes regarding the following would be:</p> <p>Please initial each choice.</p>	<p><b>Situation B</b></p> <p>If I have a progressive illness, which will continue to worsen and result in my death and which cannot be improved or cured, when the point is reached that I am no longer able to recognize family and friends or speak understandably, my wishes regarding the following would be :</p> <p>Please initial each choice.</p>	<p><b>Situation C</b></p> <p>If I have a condition which makes me unable to recognize people or speak understandably, and that condition is permanent and cannot be improved or cured but is NOT terminal, my wishes regarding the following would be:</p> <p>Please initial each choice.</p>
<p>1. Do you want efforts to be made to resuscitate (chest massage, artificial breathing) you if your heart or breathing stop?</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>
<p>2. If you are unable to breathe on your own, do you want a mechanical breathing machine to be used?</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>
<p>3. If your kidneys fail, do you want kidney dialysis (cleaning the blood through a machine) even if it cannot improve or cure your conditions?</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>
<p>4. Do you want any surgery, even if it is life-saving, if it cannot improve or cure your condition?</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>
<p>5. Do you want pain medications to keep you comfortable even if they dull consciousness and could shorten your life?</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>
<p>6. Do you want other medications, such as antibiotics, which may prolong your life?</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>
<p>7. Do you want food and water given to you through tubes in your veins, nose or stomach?</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>	<p><input type="checkbox"/> YES    <input type="checkbox"/> NO <input type="checkbox"/> UNDECIDED</p>