








Where I Stand Scales

(Use the scales below to figure out how you want your end-of-life care to be.)

1 2 3 4 5

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|--|---|---|---|
| 1. As a patient, I'd like to know.... | <i>Only the basics about my condition and treatments</i> |  | <i>All the details about my condition and treatments</i> |
| 2. As doctors treat me, I would like... | <i>My doctors to do what they think best</i> |  | <i>To have a say in every decision</i> |
| 3. If I had a terminal illness I would prefer..... | <i>Not knowing how quickly it is progressing</i> |  | <i>To know my doctors best estimate for how long I have to live</i> |
| 4. How long do you want to receive medical care? | <i>Indefinitely, no matter how uncomfortable treatments are!</i> |  | <i>Quality of life is more important to me than quantity</i> |
| 5. What are your preferences about where you want to be: | <i>I wouldn't mind spending my last days in a health care facility.</i> |  | <i>I want to spend my last days at home.</i> |
| 6. When it comes to your privacy.... | <i>When the time comes I want to be alone.</i> |  | <i>I want to be surrounded by my loved ones.</i> |
| 7. What are your concerns about treatment? | <i>I'm worried that I won't get enough care.</i> |  | <i>I'm worried that I'll get overly aggressive care.</i> |