

TREATMENT PREFERENCES

Imagine you had a **moderate/severe stroke** that would not improve. Please indicate whether you would want, or not want, each of the treatments listed below.

		Want	Don't Want
1.	Have kidney dialysis for less than one month	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
2.	Have kidney dialysis for greater than one month	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
3.	Have cardiopulmonary resuscitation (CPR)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
4.	Be connected to a mechanical ventilator for a brief period of time (less than 24 hours)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
5.	Be connected to a mechanical ventilator for up to a month	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
6.	Be connected to a mechanical ventilator for a long period of time (more than one month)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
7.	Have a feeding tube for up to one month	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
8.	Have a feeding tube for a long period of time (more than one month)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
In this situation, I would also want:			
9.	Medicines	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
10.	Surgery	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
11.	Blood transfusion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂