22 May 2013

Hello:

We are people with disabilities who want to learn more about the lives, experiences, opinions and feelings of other people with disabilities related to assisted suicide, euthanasia, and health care for people with disabilities.

This information will help us understand problems faced by people with disabilities, and could help prevent people from being hurt or killed.

1. Are you \_\_ female or \_\_\_ male?
2. How old are you?

\_\_\_ Under 18

\_\_\_ 18-30

\_\_\_ 30-50

\_\_\_ 50-65

\_\_\_ 65-80

\_\_\_ 80 plus

1. What is your living situation?

\_\_\_ My own home, alone.

\_\_\_ My own home with husband/wife/life partner.

\_\_\_ My own home with children under 18 years old.

\_\_\_ My own home with adult children who help with personal care and daily tasks.

\_\_\_ My own home with other relatives who help with personal care and daily tasks.

\_\_\_ My own home, and I have attendant(s) come in to help with personal care and daily tasks.

\_\_\_ My own home with attendant(s) who live with me and help with personal care and daily tasks.

\_\_\_ The home of relatives who help with personal care and daily tasks

\_\_\_ In adult foster-care.

\_\_\_ In a group home with staff who help with personal care and daily tasks.

\_\_\_ In an “independent living” apartment sharing attendants with other residents.

\_\_\_ In a nursing home or other long-term care facility.

\_\_\_ In a hospital.

\_\_\_ In jail.

\_\_\_ Other.

1. What is your income

\_\_\_ Under $20,000 per year

\_\_\_ $20,000-50,000 per year

\_\_\_ $50,000-100,000 per year

\_\_\_ More than $100,000 per year.

1. What province do you live in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How does your disability affect you? (check all that apply)

\_\_\_ Physical

\_\_\_ Sensory

\_\_\_ Intellect and thinking

\_\_\_ Neurological

\_\_\_ Psychiatric

\_\_\_ Chronic illness

\_\_\_ Multiple disabilities

\_\_\_ Chronic pain

\_\_\_ Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Check all that apply.

\_\_\_ I was born with my disability or became disabled as a child

\_\_\_ I acquired a disability as an adult

1. Can you get in and out of your house without help? \_\_\_ Yes. \_\_\_ No.
2. Can you buy food, do errands and get around town on your own? \_\_\_ Yes. \_\_\_ No.
3. Do you earn money from working?

\_\_\_ Yes, full time

\_\_\_ Yes, part time

\_\_\_ No

\_\_\_ Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many times have you been hospitalized for problems related to your disability?

\_\_\_ Never

\_\_\_ Once or twice

\_\_\_ Three or four times

\_\_\_ Five to 10 times

\_\_\_ More than ten times

1. How many times have you been hospitalized for problems NOT related to your disability?

\_\_\_ Never

\_\_\_ Once or twice

\_\_\_ Three or four times

\_\_\_ Five to 10 times

\_\_\_ More than ten times

1. When you were in the hospital for treatment related to your disability, did a staff member (doctor, nurse, social worker, etc.) encourage you or your family members to: (check all that apply)

\_\_\_ Sign a “do not resuscitate” order,

\_\_\_ Refuse medical treatment,

\_\_\_ Have medical treatment stopped,

\_\_\_ Have food and water taken away.

1. How many times has this happened to you?

\_\_\_ Never

\_\_\_ Once or twice

\_\_\_ Three or four times

\_\_\_ Five to 10 times

\_\_\_ More than ten times

1. If this happened to you, how did it make you feel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. When you were in the hospital for something NOT related to your disability, did a staff member (doctor, nurse, social worker, etc.) encourage you or your family members to: (check all that apply)

\_\_\_ Sign a “do not resuscitate” order,

\_\_\_ Refuse medical treatment,

\_\_\_ Have medical treatment stopped,

\_\_\_ Have food and water taken away.

1. How many times has this happened to you?

\_\_\_ Never

\_\_\_ Once or twice

\_\_\_ Three or four times

\_\_\_ Five to 10 times

\_\_\_ More than ten times

1. If this happened to you, how did it make you feel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many times has someone told you they’d rather be dead than be (disabled) like you or you’d be better off dead?

\_\_\_ Never

\_\_\_ Once or twice

\_\_\_ Three or four times

\_\_\_ Five to 10 times

\_\_\_ More than ten times

1. Has a family member or close friend ever suggested or encouraged you to refuse treatment, have treatment stopped, or kill yourself?

\_\_\_ Never

\_\_\_ Once or twice

\_\_\_ Three or four times

\_\_\_ Five to 10 times

\_\_\_ More than ten times

1. If you answered yes to question 13, 16 or 20, would you be willing to talk about what happened either on audio or videotape? (Your face can be hidden and your voice changed so no one needs to know who you are.)

\_\_\_ Yes

\_\_\_ Non

\_\_\_ Maybe (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How often do people in your family do any of these things:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Often | Some  times | Rarely | Never |
| Say or do things that make me feel like they wish I weren’t around. |  |  |  |  |
| Insult and criticize me, make me feel bad about myself. |  |  |  |  |
| Shout at, threaten and scare me. |  |  |  |  |
| Take my money or things. |  |  |  |  |
| Don’t take care of me very well (help me to the toilet, help me bathe, feed me, won’t give me medicine, etc) |  |  |  |  |
| Take away or hide my cane, wheelchair, phone, medications, clothes or other things I need. |  |  |  |  |
| Tie me up or lock me in a room. |  |  |  |  |
| Hit or slap me with their hands. |  |  |  |  |
| Kick, punch or hit me with objects. |  |  |  |  |
| Make me have sex when I don’t want to, or with someone I don’t want to. |  |  |  |  |

1. Has a teacher, attendant, therapist, driver or other authority suggested or encouraged you to refuse treatment, have treatment stopped, or kill yourself?

\_\_\_ Never

\_\_\_ Once or twice

\_\_\_ Three or four times

\_\_\_ Five to 10 times

\_\_\_ More than ten times

1. How often do teachers, attendants, therapist, doctor, drivers or other person in charge do any of these things

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Often | Some  times | Rarely | Never |
| Say or do things that make me feel like they wish I weren’t around. |  |  |  |  |
| Insult and criticize me, make me feel bad about myself. |  |  |  |  |
| Shout at, threaten and scare me. |  |  |  |  |
| Take my money or things. |  |  |  |  |
| Don’t take care of me very well (help me to the toilet, help me bathe, feed me, won’t give me medicine, etc) |  |  |  |  |
| Take away or hide my cane, wheelchair, phone, medications, clothes or other things I need. |  |  |  |  |
| Tie me up or lock me in a room. |  |  |  |  |
| Hit or slap me with their hands. |  |  |  |  |
| Kick, punch or hit me with objects. |  |  |  |  |
| Make me have sex when I don’t want to, or with someone I don’t want to. |  |  |  |  |

1. Has anyone else done any of these things to you? \_\_\_ Yes \_\_\_ No.

If so, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever felt like you wanted to kill yourself (“suicidal”)?

\_\_\_ Never

\_\_\_ Once or twice

\_\_\_ Three or four times

\_\_\_ Five to 10 times

\_\_\_ More than ten times

* 1. If you felt suicidal, did you get help to deal with those feelings? \_\_\_ Yes \_\_\_ No.
  2. If you felt suicidal, how did you get past those feelings to survive to today?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. If you still wish you could die, what would have to change to make you feel differently.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you think assisted suicide or euthanasia[[1]](#footnote-1)\* should be made legal?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Don’t know

Explain why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Who do you think should be allowed to have assisted suicide or euthanasia if it were legal?

\_\_\_ No one

\_\_\_ Disabled people

\_\_\_ People who are dying

\_\_\_ Everybody

\_\_\_ Don’t know.

1. Do you think people with disabilities have the same rights as people without disabilities?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you think you have the same rights as people without disabilities?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you happy in your living situation?

\_\_\_ Yes

\_\_\_ No

1. If you’re not happy, what would you need to change to make your home life better?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Please add any other information, questions, comments or opinions that you would like to share

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Thank you so much for answering these questions. Please send the form to Toujours Vivant-Not Dead Yet at info@tv-ndy.ca.

1. \* Assisted suicide is when someone gives you what you need to kill yourself, and helps you do it. Euthanasia is when a doctor kills you because you asked to die, or your family or the doctor thinks it’s best for you. [↑](#footnote-ref-1)