

**S1 Table.** Data used for analysis in each form

Forms on LST law		Form 1	Form 9	Form 11	Form 12	Form 13
Data used for analysis in each form	Sex	○	○	○	○	○
	Age	○	○	○	○	○
	Diagnosis	×	○	×	×	×
	Verification of patient's intention	×	×	×	×	○
	Status of patient's disease	○	×	×	×	×
	Plan for hospice service	○	×	×	×	×
	Patient's residence	○	×	×	×	×
	Type & location of hospital	○	×	×	×	○
	Four items of LST decisions <sup>a)</sup>	○	×	×	×	○
Date of form completion	○	○	○	○	○	

LST, life-sustaining treatment. <sup>a)</sup>Four items of LST decision were cardiopulmonary resuscitation, mechanical ventilation, hemodialysis, or administration of anticancer drugs.