

# My Choices If I Become Sick in the COVID Pandemic

⇒ Choose only one in each group of three.

## Location

- MEDICAL FACILITY:** I want to be transferred to a medical facility as soon as my symptoms are not easily managed at home.
- IT DEPENDS:** I want to stay at home unless my symptoms cannot be adequately managed at home, in which case I want to be transferred to a medical facility.
- HOME:** I want to stay at home, if possible, even if my distress becomes considerable.

## Symptom Management

- LOW:** I want minimal sedation and want to be clear and conscious as long as possible.
- MEDIUM:** I want adequate sedation but would like to be clear and conscious enough to communicate if possible.
- HIGH:** I want maximum treatment of my symptoms, including pain, and understand this might hasten my death.

## Life Support Machines (Including Ventilators)

If I become sick enough to need a life support machine...

- YES:** I want to be on a life support machine if one is available.
- MAYBE:** I would prefer to be on a life support machine, but do not want to be put on a life support machine if there are others who are more likely to survive who need it.
- NO:** I do not want to be put on a life support machine even if one is available.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_