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: ____________________________________________________