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| **WHAT IS MY PROGNOSIS?** | **WHAT ARE MY OPTIONS?** | | **WILL I GET BETTER** | | **AM I GOING TO DIE?** |
| **WHAT WILL HAPPEN NEXT?** | **WILL I HAVE PAIN?** | | **I WANT TO DISCUSS MY**  **DECISIONS** | | **I WANT MY FAMILY TO DECIDE** |
| **I AM NOT READY TO MAKE A DECISION.** | **WHEN WILL I COME OFF THE VENTILATOR?** | | **WHAT HAPPENS IF I AM TAKEN OFF THE VENTILATOR?** | | **I HAVE**  **ANOTHER**  **QUESTION** |
| **MAYBE** | | **I DON’T KNOW** | | **LATER** | |