

A COVID-19 DECISION AID: How Do I Choose When to Interact with People or Take Part in Activities Outside My Home During the Pandemic?

Cities are imposing a variety of rules or guidelines to slow the spread of COVID-19 such as promoting physical distancing and using face masks. These rules and guidelines will continue to change over time. For example, rules may change in response to increased numbers of people with COVID-19, new findings from research studies, or poor control of a COVID-19 outbreak in a specific area.

As a result of these ongoing changes, it is reasonable to feel confused or uncertain when choosing whether to visit your friends and family members in person or when to participate in activities in public places.

This decision aid will guide you through a series of questions that are based on your interests and your level of risk. Working step-by-step through this decision aid may help you clarify the reasons for doing or not doing an activity where other people are present.

Before you begin, it is important to realize that being around any people who are not consistently using a face mask and maintaining physical distancing makes your risk higher for getting infected or infecting other people with the virus that causes COVID-19. This includes household members, visitors, or workers invited into your home who are not taking precautions when they are outside your home. The amount of extra risk will vary depending on the activity, how bad the COVID-19 outbreak is in your area, and how well people in your area are using health precautions such as wearing masks and physical distancing.

This decision aid is for you if:

- You do not have COVID-19 symptoms.
- You have not been exposed to a person with COVID-19 during the past 2 weeks.
- You are unsure whether you should interact with people or take part in certain activities outside your home.

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Identify your decision

What activity are you are thinking about doing? Write the name of th
activity in the space below.

How often will you have	a chance to do	this activity in	the future?
Never; this may be the only time	Rarely	Sometimes	Often

Identify what is important to you

Before you make a choice about whether or not to participate in the activity you are considering, please take a moment to think carefully about what is important to you. Take a few minutes to think about how important each of the listed options are to you, and rate them on a scale of 1 (does not matter) to 10 (matters a lot).

What matters to me in making this decision

Does Not Matter						Matters a Lot				
	1	2	3	4	5	6	7	8	9	10
Reducing my risk of becoming ill with COVID-19	1	2	3	4	5	6	7	8	9	10
Not making other people ill with COVID-19	1	2	3	4	5	6	7	8	9	10
Taking part in activities that give my life meaning	1	2	3	4	5	6	7	8	9	10
Spending time with people who are important to me	1	2	3	4	5	6	7	8	9	10

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Identify extra risk and risk-reducing strategies

The Centers for Disease Control and Prevention and the World Health Organization report that **older adults** and people of all ages who have underlying medical conditions are at higher risk for having serious COVID-19 symptoms.

Check all medical conditions that apply to you:

Asthma	☐ Bone marrow or organ	☐ Chronic kidney disease	COPD/lung
Cystic fibrosis Heart condition	transplant Cerebrovascular disease High blood pressure	☐ Dementia☐ Immunocompromised state (HIV, taking	disease Diabetes Liver disease
☐ Lung fibrosis☐ Smoking	☐ Obesity ☐ Thalassemia	a medication that suppresses your immune system)	Sickle cell disease
		☐ Pregnancy	

Going somewhere? How will you get to where you are going?

Low risk	Moderate risk	High risk
☐ I will walk or bike.	☐ I will get a ride from someone I know	☐ I will use public
☐ I will use my own car	but does not live with me in my home.	transportation (e.g., bus, subway, train, airplane).
or truck.	I will use a taxi service or a ride-sharing option (e.g., Uber, Lyft).	Jas Hay, train, an plane,

ldentify the factors that increase your risk of getting COVID-19 if you decide to do the activity.

Circle **Yes** or **No** for each of these items:

1	I am 65 years of age or older.	No	Yes
2	It is likely that a large number of people (e.g., more than 10) will be in the area.	No	Yes
3	I will be indoors all or part of the time.	No	Yes
4	People are not likely to wear face masks or shields.	No	Yes
5	People are not likely to stay at least 6 feet apart.	No	Yes
6	It may be difficult to wash or sanitize my hands.	No	Yes
7	The area where I will be may not be cleaned or sanitized properly.	No	Yes
8	I have a medical condition that puts me in a high-risk group for COVID-19.	No	Yes
9	I will need to travel in a vehicle that is not my own (e.g., a friend's car, bus, airplane).	No	Yes
10	People will be singing, shouting, or yelling (e.g., sporting events, religious service).	No	Yes
11	People will be exercising.	No	Yes
12	People will be eating or sharing food or drinks.	No	Yes
13	It is unknown if visitors or workers (e.g., service workers, health aids, etc.) I want to invite into my home have been wearing face masks and physically distancing.	No	Yes
14	The area where I will be going has a high number of reported COVID-19 cases.	No	Yes
	Add up your total number of "Yes" responses		

How many "Yes" responses did you circle? Your risk increases with each "Yes" response.

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What else might influence your decision?

	Who else migh	it be invol	ved in ma	king this o	decision w	ith you?
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Who else is involved with this decision?	Name:		Name:		Name:			
Is this person pressuring you?	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes		
What action does this person want (e.g., stay at home, go out)?								
How can this person support you in making this decision?								
► How would you like to	make this	decisior	1?					
Make this decision Have so on my own else dec	meone ide for me		aking this ded meone else		Make the decis			
For the activity you are considering, do you feel as though you ☐ No ☐ Yes know enough about the extra COVID-19 risk for taking part in the activity?								
Do you feel as though y information to make a		_	support a	nd	□ No	o □ Yes		
What are the nex	xt steps?							
► What do you need to d	o before y	you make	your cho	oice?				
☐ I do not need to do anything els	e. I am ready	to make my	decision.					
☐ I need to discuss my options wit	h							
☐ I need to learn more about my o	ptions.							
Other (please specify)								

This decision aid is not intended to replace the advice of your health care provider. It was designed to provide information to assist people in their decision-making process. While The Gerontological Society of America (GSA) has used the current general knowledge in the field at the date of publication and has suggested where to get more information, GSA is not liable or responsible for any injury, illness, or damages arising from use of this decision aid. It is up to each person to make your own decisions about risks to your personal health and safety at this difficult time, and specific, personalized advice may be obtained from your health care provider.

For additional information about the level of COVID-19 risk:

Worldwide by country, go to https://coronavirus.jhu.edu/map.html

In the United States by state or county, go to https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html

In the United States by county, go to https://coronavirus.jhu.edu/us-map

For additional information about things you can do to reduce your risk of getting COVID-19, go to https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

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