



## ALABAMA ADVANCE DIRECTIVE CHECKLIST AND SCORING

<b>SECTION I: LIVING WILL DECLARATION</b>		
<b><i>Key Word/Phrase Prompts:</i></b>	<b><i>Completion Status / Potential Score Values:</i></b>	<b><i>Score:</i></b>
1. <i>(Introduction only)</i>	N/A	N/A
2. Name Entered	Yes ____ / No ____	N/A
3. <i>(Information only)</i>	N/A	N/A
4. "Terminal" <i>(*score either 4 or 15, but <b>not</b> both)</i>	Yes/Undecided (20); No (80)	_____*
5. "Artificial" <i>(Defer score to #38)</i>	Yes ____ / No ____	N/A
6. <i>(Instructions only)</i>	N/A	N/A
7. "Permanently unconscious" <i>(*score either 7 or 19, but <b>not</b> both)</i>	Yes/Undecided (3); No (97)	_____*
8. "Artificial" <i>(Defer score to #38)</i>	Yes ____ / No ____	N/A
9. "Other Directions <i>(if no, skip to #52)</i>	Yes ____ / No ____	N/A
<b>LIVING WILL ADDENDUM</b>		
10. <i>(Introduction only)</i>	N/A	N/A
11. Name Entered	Yes ____ / No ____	N/A
12-13. <i>(Instructions only)</i>	N/A	N/A
14. "Current" <i>(evaluate case-by-case)</i>	N/A	N/A
15. "Terminal" <i>(*score either 4 or 15, but <b>not</b> both)</i>	Yes/Undecided (20); No (80)	_____*
16. "Home"	Yes ____ / No ____	N/A
17. "Hospice"	Yes ____ / No ____	N/A
18. "Delaying"	Yes/Undecided (6); No (94)	_____

19. “Vegetative” (*score either 7 or 19, but <b>not</b> both)	Yes/Undecided (3); No (97)	_____*
20. “Severe damage”	Yes/Undecided (4); No (96)	_____
21. “Infant-like”	Yes/Undecided (3); No (97)	_____
22. “Child-like”	Yes/Undecided (20); No (80)	_____
23. “Mind fail”	Yes/Undecided (20); No (80)	_____
24. “Personal care”	Yes/Undecided (25); No (75)	_____
25. “Pain”	Yes/Undecided (15); No (85)	_____
26. “Machines”	Yes/Undecided (20); No (80)	_____
27. “Overall function” (score first entry only)	Yes (65); Left Blank (35)	_____
28. “Facility”	Yes/Undecided (20); No (80)	_____
29. “Family pay” (options)	N/A	N/A
30. “Also wish”	Defer/Blank (30); Stop (70)	_____
31. “Family care” (options)	N/A	N/A
32. “Also wish”	Defer/Blank (20); Stop (80)	_____
33. (Information only)	N/A	N/A
34. “Certain”	Positive (25); High (50); Reasonably (75)	_____
35. “Second”	N/A	N/A
36. “Conflict”	Prolong (20); Stop (80)	_____
37. (Information only)	N/A	N/A
38. “Artificial”	Include (70); Unsure/Not (30)	_____
39. “Double”	Limited/Unsure (10); Full (90)	_____
40. “Personal/Religious” (instructions only)	Yes _____ / No _____	N/A
41. “Organ/Tissue” (instructions only)	Yes _____ / No _____	N/A
42. “Postponed” (instructions only)	Yes _____ / No _____	N/A
43-45. “Review”	Yes _____ / No _____	N/A
46. “Pregnancy Limitations”	N/A	N/A

47. "Beyond Limiting Definitions"	_____ / of 3 Options	N/A
48. "Physician Concurrence" ( <i>instructions</i> )	N/A	N/A
49. "Required Consultation" ( <i>instructions</i> )	N/A	N/A
50. "Other Instructions"	Yes _____ / No _____	N/A
51. "Statement" ( <i>information only</i> )	N/A	N/A
52. "Signed"	Yes _____ / No _____	N/A
53-55. "Witnesses" ( <i>two entries</i> )	Yes _____ / No _____	N/A
	TOTAL SCORE	_____
TOTAL SCORE INTERPRETATION:		
	Values/ Risk of burdensome treatment	
Upper 25 Percent:	1443-1474 ( <i>low risk</i> )	
50 <sup>th</sup> - 75 <sup>th</sup> Percentile:	1325-1442 ( <i>moderate risk</i> )	
25 - 49 <sup>th</sup> Percentile	1184-1324 ( <i>high risk</i> )	
15 <sup>th</sup> - 24 <sup>th</sup> Percentile	1020-1183 ( <i>extreme risk</i> )	
Lower 15 Percent	406-1019 ( <i>graphic risk</i> )	
SECTION I COMPLETION RATING:	_____ of 35 Entries.	
SECTION I ISSUES / CONCERNS ( <i>if any, regarding content, signing, witnessing, etc</i> ):		

**SECTION II: HEALTH CARE PROXY APPOINTMENT**

<b><u>Key Word/Phrase Prompts:</u></b>	<b><u>Completion Status:</u></b>
56. "Appointment Intent"	Yes _____ / No _____
57. "First Choice"	Yes _____ / No _____
58. "Second Choice"	Yes _____ / No _____
59. "Third Choice"	Yes _____ / No _____
60. Proxy "Tube Feeding" Decisions (*compare with Section III #88)	Yes _____ / No _____ *
61. "Proxy Latitude" (*compare with Section III #90)	Yes _____ / No _____ *
62-64. (Instructions only)	N/A
65. Signature	Yes _____ / No _____
66. "Statement of Proxy" (Information only)	N/A
67-68. Witnesses Signatures	Yes _____ / No _____
69-71. Proxy Acceptance Signatures	Yes _____ / No _____
SECTION III COMPLETION RATING:	_____ of 9 Entries.
SECTION I ISSUES / CONCERNS (if any, regarding content, signing, witnessing, etc):	

**SECTION II: NAMING A HEALTH CARE AGENT**

<b><u>Key Word/Phrase Prompts:</u></b>	<b><u>Completion Status:</u></b>
72. (Introduction only)	N/A
73. Name Entered	Yes _____ / No _____
74. Intent to Appoint	Yes _____ / No _____
75. Appointment Name Entered	Yes _____ / No _____
76. (Instructions only)	N/A
77-78. Alternates Named	Yes _____ / No _____
79. (Instructions only)	N/A
80. Guardian/Conservator Nominated	Yes _____ / No _____
81. Primary MD Nominated	Yes _____ / No _____
82. Alternate MD Nominated	Yes _____ / No _____
83. Authorities Granted	_____ of 17 Indicated
84-87. (Instructions only)	N/A
88. Agent Authority Re: Artificial Nutrition/Hydration Decisions (*compare with Section II, #60)	Yes _____ / No _____ *
89. Agent Authority Re: Comfort Care Medications Decisions	Yes _____ / No _____
90. Agent Disagreement Options (*compare with Section II, #60)	Yes _____ / No _____ *
91. Agent Visitation Authority	Yes _____ / No _____
92. Specific Persons Limited	Yes _____ / No _____
93-97. Agent Authority Limitations	Yes _____ / No _____
98. Agent Consult Options Indicated	Yes _____ / No _____
99. Specific Agent Consults Selected	Yes _____ / No _____
100. Activation of Powers	Yes _____ / No _____
101. Document Expires	Yes _____ / No _____
102. (Instructions only)	N/A

103. <i>(Instructions only)</i>	N/A
104. Other Wishes Listed	Yes _____ / No _____
105-108. <i>(Instructions only)</i>	N/A
109. Agent Signed Acceptance	Yes _____ / No _____
110. <i>(Instructions only)</i>	N/A
111-112. Alternates' Signed Acceptance	Yes _____ / No _____
113. <i>(Instructions only)</i>	N/A
114. Principal Signature	Yes _____ / No _____
115. Signature Assistance	Yes _____ / No _____
116-117. <i>(Instructions only)</i>	N/A
118-119. Witnesses Signatures	Yes _____ / No _____
120-121. <i>(Instructions only)</i>	N/A
122. Advocate Required/Signed	Yes _____ / No _____
123. Notarization	Yes _____ / No _____
124. <i>(Instructions only)</i>	Yes _____ / No _____
125. Copies Locations Completed	Yes _____ / No _____
SECTION III COMPLETION RATING:	_____ of 28 Entries.

**CONCLUDING CONCERNS** (*issues regarding content, signing, witnessing, etc*):

REVIEWED BY:

DATE: