

# LIFECARE

## ARIZONA ADVANCE DIRECTIVE CHECKLIST AND SCORING

| <b>SECTION I: LIVING WILL DECLARATION</b>              |   |                      |
|--|---|----------------------|
| <u><i>Key Word/Phrase Prompts:</i></u>                 | <u><i>Completion Status / Potential Score Values:</i></u> | <u><i>Score:</i></u> |
| 1. <i>(Introduction only)</i>                          | N/A   | N/A                  |
| 2. Instructions Deferred <i>(if yes, skip to #45).</i> | Yes ____ / No ____  | N/A                  |
| 3. Name Entered  | Yes ____ / No ____  | N/A                  |
| 4. <i>(Information only)</i>                           | N/A   | N/A                  |
| 5. <i>(Instructions only)</i>                          | N/A   | N/A                  |
| 6. “Current” <i>(evaluate case-by-case)</i>            | N/A   | N/A                  |
| 7. “Terminal”  | Yes/Undecided (20); No (80)                               | _____                |
| 8. “Home”  | Yes ____ / No ____  | N/A                  |
| 9. “Hospice”   | Yes ____ / No ____  | N/A                  |
| 10. “Delaying”   | Yes/Undecided (6); No (94)                                | _____                |
| 11. “Vegetative”                                       | Yes/Undecided (3); No (97)                                | _____                |
| 12. “Severe damage”                                    | Yes/Undecided (4); No (96)                                | _____                |
| 13. “Infant-like”                                      | Yes/Undecided (3); No (97)                                | _____                |
| 14. “Child-like”                                       | Yes/Undecided (20); No (80)                               | _____                |
| 15. “Mind fail”  | Yes/Undecided (20); No (80)                               | _____                |
| 16. “Personal care”                                    | Yes/Undecided (25); No (75)                               | _____                |
| 17. “Pain”   | Yes/Undecided (15); No (85)                               | _____                |
| 18. “Machines”   | Yes/Undecided (20); No (80)                               | _____                |
| 19. “Overall function” <i>(score first entry only)</i> | Yes (65); Left Blank (35)                                 | _____                |
| 20. “Facility”   | Yes/Undecided (20); No (80)                               | _____                |
| 21. “Family pay” <i>(options)</i>                      | N/A   | N/A                  |

|   |   |       |
|---|---|-------|
| 22. "Also wish"                                       | Defer/Blank (30); Stop (70)               | _____ |
| 23. "Family care" (options)                           | N/A                                       | N/A   |
| 24. "Also wish"                                       | Defer/Blank (20); Stop (80)               | _____ |
| 25. ( <i>Information only</i> )                       | N/A                                       | N/A   |
| 26. "Certain"   | Positive (25); High (50); Reasonably (75) | _____ |
| 27. "Second"  | N/A                                       | N/A   |
| 28. "Conflict"  | Prolong (20); Stop (80)                   | _____ |
| 29. ( <i>Information only</i> )                       | N/A                                       | N/A   |
| 30. "Artificial"                                      | Include (70); Unsure/Not (30)             | _____ |
| 31. "Double"  | Limited/Unsure (10); Full (90)            | _____ |
| 32. "Personal/Religious" ( <i>instructions only</i> ) | Yes _____ / No _____                      | N/A   |
| 33. "Organ/Tissue" ( <i>instructions only</i> )       | Yes _____ / No _____                      | N/A   |
| 34. "Postponed" ( <i>instructions only</i> )          | Yes _____ / No _____                      | N/A   |
| 35-37. "Review"                                       | Yes _____ / No _____                      | N/A   |
| 38. "Pregnancy Limitations"                           | Yes _____ / No _____                      | N/A   |
| 39. "Statement" ( <i>information only</i> )           | N/A                                       | N/A   |
| 40. "Signed"  | Yes _____ / No _____                      | N/A   |
| 41-43. "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 29 Entries.                      |       |

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

| <b><u>Key Word/Phrase Prompts:</u></b>                               | <b><u>Completion Status:</u></b> |
|--|----------------------------------|
| 44. <i>(Introduction only)</i>                                       | N/A                              |
| 45. Name Entered   | Yes _____ / No _____             |
| 46. Intent to Appoint  | Yes _____ / No _____             |
| 47. Appointment Name Entered   | Yes _____ / No _____             |
| 48. <i>(Instructions only)</i>                                       | N/A                              |
| 49. First Alternate Named  | Yes _____ / No _____             |
| 50. Second Alternate Named   | Yes _____ / No _____             |
| 51. <i>(Instructions only)</i>                                       | N/A                              |
| 52-53. Guardian/Conservator Nominated                                | Yes _____ / No _____             |
| 54-55. Primary MD Nominated  | Yes _____ / No _____             |
| 56-57. Alternate MD Nominated  | Yes _____ / No _____             |
| 58. Authorities Granted  | _____ of 17 Indicated            |
| 59-62. <i>(Instructions only)</i>                                    | N/A                              |
| 63. Agent Authorization Re: Artificial Nutrition/Hydration Decisions | Yes _____ / No _____             |
| 64. Agent Authorization Re: Comfort Care Medications Decisions       | Yes _____ / No _____             |
| 65. Agent Decision-Making Latitude                                   | Yes _____ / No _____             |
| 66. Agent Visitation Authority                                       | Yes _____ / No _____             |
| 67. Specific Persons Limited   | Yes _____ / No _____             |
| 68-71. Agent Authority Limitations                                   | Yes _____ / No _____             |
| 72. Agent Consult Options Indicated                                  | Yes _____ / No _____             |
| 73. Specific Agent Consults Selected                                 | Yes _____ / No _____             |
| 74. Activation of Powers   | Yes _____ / No _____             |
| 75. Document Expires   | Yes _____ / No _____             |
| 76-77. <i>(Instructions only)</i>                                    | N/A                              |

|   |                      |
|---|----------------------|
| 78. Other Directives Listed   | Yes ____ / No ____   |
| 79-82. <i>(Instructions only)</i>   | N/A                  |
| 83. Agent Signed Acceptance   | Yes ____ / No ____   |
| 84. <i>(Instructions only)</i>  | N/A                  |
| 85-86. Alternates Signed Acceptance   | Yes ____ / No ____   |
| 87. <i>(Instructions only)</i>  | N/A                  |
| 88. Principal Signature   | Yes ____ / No ____   |
| 89-90. Signature Assistance   | Yes ____ / No ____   |
| 91-92. <i>(Instructions only)</i>   | N/A                  |
| 93-94. Both Witnesses Signed  | Yes ____ / No ____   |
| 95-96. <i>(Instructions only)</i>   | N/A                  |
| 97. Advocate Required/Signed  | Yes ____ / No ____   |
| 98. Notarization  | Yes ____ / No ____   |
| 99. <i>(Instructions only)</i>  | N/A                  |
| 100. Copies Locations Completed   | Yes ____ / No ____   |
|   |                      |
| SECTION II COMPLETION RATING:   | _____ of 28 Entries. |
|   |                      |
| <b>CONCLUDING CONCERNS</b> <i>(issues regarding content, signing, witnessing, etc):</i> |                      |
|   |                      |
| REVIEWED BY:  | DATE:                |