

LIFECARE

FLORIDA ADVANCE DIRECTIVE CHECKLIST AND SCORING

| SECTION I: LIVING WILL DECLARATION | | |
|--|---|----------------------|
| <u>Key Word/Phrase Prompts:</u> | <u>Completion Status / Potential Score Values:</u> | <u>Score:</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. "Beyond Limiting Conditions" | Yes _____ / No _____ | N/A |
| 40. "Statement" (<i>information only</i>) | N/A | N/A |
| 41. "Signed" | Yes _____ / No _____ | N/A |
| 42-44. "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 th - 75 th Percentile: | 1325-1442 (<i>moderate risk</i>) | |
| 25 - 49 th Percentile | 1184-1324 (<i>high risk</i>) | |
| 15 th - 24 th Percentile | 1020-1183 (<i>extreme risk</i>) | |
| Lower 15 Percent | 406-1019 (<i>graphic risk</i>) | |
| SECTION I COMPLETION RATING: | _____ of 30 Entry Categories. | |

| SECTION II: NAMING A HEALTH CARE SURROGATE | |
|--|----------------------------------|
| <i>Key Word/Phrase Prompts:</i> | <i>Completion Status:</i> |
| 45. <i>(Introduction only)</i> | N/A |
| 46. Name Entered | Yes _____ / No _____ |
| 47. Intent to Appoint | Yes _____ / No _____ |
| 48. Appointment Name Entered | Yes _____ / No _____ |
| 59. <i>(Instructions only)</i> | N/A |
| 50. First Alternate Named | Yes _____ / No _____ |
| 51. Second Alternate Named | Yes _____ / No _____ |
| 52. <i>(Instructions only)</i> | N/A |
| 53. <i>(Information only)</i> | N/A |
| 54. Living Will Incorporation | Yes _____ / No _____ |
| 55. Other Wishes | Yes _____ / No _____ |
| 56. Primary Surrogate Signature | Yes _____ / No _____ |
| 57. First Alternate Signature | Yes _____ / No _____ |
| 58. Second Alternate Signature | Yes _____ / No _____ |
| 59. Principal's Signature | Yes _____ / No _____ |
| 60-62. Witnesses Signatures | Yes _____ / No _____ |
| SECTION II COMPLETION RATING: | _____ of 12 Entry Categories. |
| | |
| SECTION III: NAMING A POWER OF ATTORNEY FOR HEALTH CARE AGENT | |
| 63. <i>(Introduction only)</i> | N/A |
| 64. Name Entered | Yes _____ / No _____ |
| 65. Intent to Appoint | Yes _____ / No _____ |
| 66. Appointment Name Entered | Yes _____ / No _____ |
| 67. <i>(Instructions only)</i> | N/A |
| 68. First Alternate Name | Yes _____ / No _____ |
| 69. Second Alternate Name | Yes _____ / No _____ |

| | |
|--|-----------------------|
| 70. <i>(Instructions only)</i> | N/A |
| 71. Guardian/Conservator Nominated | Yes _____ / No _____ |
| 72. Primary MD Nominated | Yes _____ / No _____ |
| 73. Alternate MD Nominated | Yes _____ / No _____ |
| 74. Authorities Granted | _____ of 17 Indicated |
| 75-78. <i>(Instructions only)</i> | N/A |
| 79. Agent Authorization Re: Artificial Nutrition/Hydration Decisions | Yes _____ / No _____ |
| 80. Agent Authorization Re: Comfort Care Medications Decisions | Yes _____ / No _____ |
| 81. Agent Decision-Making Latitude | Yes _____ / No _____ |
| 82. Agent Visitation Authority | Yes _____ / No _____ |
| 83. Specific Persons Limited | Yes _____ / No _____ |
| 84-87. Agent Authority Limitations | Yes _____ / No _____ |
| 88. Agent Consult Options Indicated | Yes _____ / No _____ |
| 89. Specific Agent Consults Selected | Yes _____ / No _____ |
| 90. Activation of Powers | Yes _____ / No _____ |
| 91. Document Expires | Yes _____ / No _____ |
| 92. <i>(Instructions only)</i> | N/A |
| 93. <i>(Instructions only)</i> | N/A |
| 94. Other Directives Listed | Yes _____ / No _____ |
| 95-98. <i>(Instructions only)</i> | N/A |
| 99. Agent Signed Acceptance | Yes _____ / No _____ |
| 100. <i>(Instructions only)</i> | N/A |
| 101. First Alternate Signed Acceptance | Yes _____ / No _____ |
| 102. Second Alternate Signed Acceptance | Yes _____ / No _____ |
| 103. <i>(Instructions only)</i> | N/A |
| 104. Principal Signature | Yes _____ / No _____ |

| | |
|---|-------------------------------|
| 105-106. Signature Assistance | Yes ____ / No ____ |
| 107-108. <i>(Instructions only)</i> | N/A |
| 109-110. Both Witnesses Signed | Yes ____ / No ____ |
| 111. <i>(Instructions only)</i> | N/A |
| 112-113. Advocate Required/Signed | Yes ____ / No ____ |
| 114. Notarization | Yes ____ / No ____ |
| 115. <i>(Instructions only)</i> | N/A |
| 116. Copies Locations Completed | Yes ____ / No ____ |
| | |
| SECTION III COMPLETION RATING: | _____ of 29 Entry Categories. |
| | |
| CONCLUDING CONCERNS <i>(issues regarding content, signing, witnessing, etc):</i> | |
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| REVIEWED BY: | DATE: |