



**GEORGIA ADVANCE DIRECTIVE
CHECKLIST AND SCORING**

SECTION I: LIVING WILL DECLARATION		
<i>Key Word/Phrase Prompts:</i>	<i>Completion Status / Potential Score Values:</i>	<i>Score:</i>
1. (Introduction only)	N/A	N/A
2. Date Completed	Yes ____ / No ____	N/A
3. Name Entered	Yes ____ / No ____	N/A
4-a. Terminal Condition (*compare with #23; score <u>one</u> but <u>not</u> both)	Yes/Undecided (20); No (80)	_____*
4-b & 4-c. Permanent Coma/Vegetative State (*compare with #27; score <u>one</u> but <u>not</u> both)	Yes/Undecided (3); No (97)	_____*
5-a. Artificial food and water stopped (*compare with #46; score <u>one</u> but <u>not</u> both)	Include (70); Unsure/Not (30)	_____*
5-b. Artificial food but not water stopped	Yes ____ / No ____	N/A
5-c. Neither Artificial food nor water stopped	Yes ____ / No ____	N/A
6-8. (Instructions only)	N/A	N/A
9. Pregnancy (*compare with #54)	Yes ____ / No ____*	N/A
10. Additional Instructions	Yes ____ / No ____	N/A
11. Signature / Personal Information	Yes ____ / No ____	N/A
12. Witness Statement (<i>information only</i>)	Yes ____ / No ____	N/A
13-14. Witness Signatures	Yes ____ / No ____	N/A
15. Hospital / Nursing Home Witness	Yes ____ / No ____	N/A
SECTION I COMPLETION RATING:	_____ of 13 Entry Categories	N/A

LIFECARE ADDENDUM:		
16. <i>(Introduction only)</i>	N/A	N/A
17. Name Entered	Yes _____ / No _____	N/A
18. Instructions Deferred <i>(if yes, skip to #62).</i>	Yes _____ / No _____	N/A
19. Stipulation of Validity and Rights	Yes _____ / No _____	N/A
20. <i>(Instructions only)</i>	N/A	N/A
21. <i>(Instructions only)</i>	N/A	N/A
22. "Current" <i>(evaluate case-by-case)</i>	N/A	N/A
23. "Terminal" <i>(*compare with #4-a; score <u>one</u> but <u>not</u> both)</i>	Yes/Undecided (20); No (80)	_____*
24. "Home"	Yes _____ / No _____	N/A
25. "Hospice"	Yes _____ / No _____	N/A
26. "Delaying"	Yes/Undecided (6); No (94)	_____
27. "Vegetative" <i>(*compare with #4-b & c; score <u>one</u>, <u>not</u> both)</i>	Yes/Undecided (3); No (97)	_____*
28. "Severe damage"	Yes/Undecided (4); No (96)	_____
29. "Infant-like"	Yes/Undecided (3); No (97)	_____
30. "Child-like"	Yes/Undecided (20); No (80)	_____
31. "Mind fail"	Yes/Undecided (20); No (80)	_____
32. "Personal care"	Yes/Undecided (25); No (75)	_____
33. "Pain"	Yes/Undecided (15); No (85)	_____
34. "Machines"	Yes/Undecided (20); No (80)	_____
35. "Overall function" <i>(score first entry only)</i>	Yes (65); Left Blank (35)	_____
36. "Facility"	Yes/Undecided (20); No (80)	_____
37. "Family pay" <i>(options)</i>	N/A	N/A
38. "Also wish"	Defer/Blank (30); Stop (70)	_____
39. "Family care" <i>(options)</i>	N/A	N/A
40. "Also wish"	Defer/Blank (20); Stop (80)	_____

41. <i>(Information only)</i>	N/A	N/A
42. "Certain"	Positive (25); High (50); Reasonably (75)	_____
43. "Second"	N/A	N/A
44. "Conflict"	Prolong (20); Stop (80)	_____
45. <i>(Information only)</i>	N/A	N/A
46. "Artificial" <i>(*compare with #5-a; score <u>one</u> but <u>not</u> both)</i>	Include (70); Unsure/Not (30)	_____*
47. "Double"	Limited/Unsure (10); Full (90)	_____
48. "Personal/Religious" <i>(instructions only)</i>	Yes _____ / No _____	N/A
49. "Organ/Tissue" <i>(instructions only)</i>	Yes _____ / No _____	N/A
50. "Postponed" <i>(instructions only)</i>	Yes _____ / No _____	N/A
51-53. "Review"	Yes _____ / No _____	N/A
54. "Pregnancy" <i>(*compare with #9)</i>	Yes _____ / No _____*	N/A
55. "Beyond Limiting Conditions"	Yes _____ / No _____	N/A
56. <i>(Information only)</i>	N/A	N/A
57. <i>(Information only)</i>	N/A	N/A
58. "Signed"	Yes _____ / No _____	N/A
59. <i>(Information only)</i>	N/A	N/A
60. "Witnesses" <i>(two entries)</i>	Yes _____ / No _____	N/A
61. Hospital / Nursing Home Witness	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 32 Entry Categories.
SECTION II: NAMING A HEALTH CARE AGENT	
<u>Key Word/Phrase Prompts:</u>	<u>Completion Status:</u>
62. (Introduction only)	N/A
63. (Instructions only)	N/A
64. Date Document Completed	Yes ____ / No ____
65. (Information only)	N/A
66. Name Entered	Yes ____ / No ____
67. Intent to Appoint	Yes ____ / No ____
68. Appointment Name Entered	Yes ____ / No ____
69. (Instructions only)	N/A
70. First Alternate Named	Yes ____ / No ____
71. Second Alternate Named	Yes ____ / No ____
72. (Instructions only)	N/A
73. Guardian/Conservator Nominated	Yes ____ / No ____
74-75. Primary MD Nominated	Yes ____ / No ____
76-77. Alternate MD Nominated	Yes ____ / No ____
78. Authorities Granted	_____ of 17 Indicated
79-82. (Instructions only)	N/A
83. Agent Authorization Re: Artificial Nutrition/Hydration Decisions	Yes ____ / No ____
84. Agent Authorization Re: Comfort Care Medications Decisions	Yes ____ / No ____
85. Agent Decision-Making Latitude	Yes ____ / No ____
86. Agent Visitation Authority	Yes ____ / No ____
87. Specific Persons Limited	Yes ____ / No ____
88-91. Agent Authority Limitations	Yes ____ / No ____

92. Agent Consult Options Indicated	Yes ____ / No ____
93. Specific Agent Consults Selected	Yes ____ / No ____
94. Activation of Powers	Yes ____ / No ____
95. Document Expires	Yes ____ / No ____
96. <i>(Instructions only)</i>	N/A
97. <i>(Instructions only)</i>	N/A
98. Other Directives Listed	Yes ____ / No ____
99-102. <i>(Instructions only)</i>	N/A
103. Agent Signed Acceptance	Yes ____ / No ____
104. <i>(Instructions only)</i>	N/A
105. First Alternate Signed Acceptance	Yes ____ / No ____
106. Second Alternate Signed Acceptance	Yes ____ / No ____
107. <i>(Instructions only)</i>	N/A
108. Principal Signature	Yes ____ / No ____
109-110. Signature Assistance	Yes ____ / No ____
111-112. <i>(Instructions only)</i>	N/A
113-114. Both Witnesses Signed	Yes ____ / No ____
115. Hospital / Nursing Home MD Witness	Yes ____ / No ____
116. Notarization	Yes ____ / No ____
117. <i>(Instructions only)</i>	N/A
118. Copies Locations Completed	Yes ____ / No ____
SECTION II COMPLETION RATING:	_____ of 30 Entries.

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

REVIEWED BY:

DATE: