



## KENTUCKY ADVANCE DIRECTIVE CHECKLIST AND SCORING

<b>SECTION I: LIVING WILL DECLARATION</b>		
<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. Living Will Purpose	N/A	N/A
3. <i>(Instructions only)</i>	N/A	N/A
4. Health Care Surrogate Named	Yes _____ / No _____	N/A
5. <i>(Instructions only)</i>	N/A	N/A
6. Alternate #1	Yes _____ / No _____	N/A
7. Alternate #2	Yes _____ / No _____	N/A
8. <i>(Instructions only)</i>	N/A	N/A
9. Use of Treatments <i>(*compare with #18, #21, and #22)</i>	Yes _____ / No _____*	N/A
10. Artificial Food/Fluids <i>(*compare with #41, and #72)</i>	Yes _____ / No _____*	N/A
11. Organ/Tissue Donation <i>(*compare with #44)</i>	Yes _____ / No _____*	N/A
<b>SECTION I: ADDENDUM</b>		
12. <i>(Instructions only)</i>	N/A	N/A
13. Additional Directions Authorized	Yes _____ / No _____	N/A
14. Addendum Introduction <i>(statement only)</i>	N/A	N/A
15. <i>(Definition only)</i>	N/A	N/A
16. <i>(Information/instructions only)</i>	N/A	N/A
17. "Current" <i>(evaluate case-by-case)</i>	N/A	N/A
18. "Terminal" <i>(*compare with #9)</i>	Yes/Undecided (20); No (80)	_____*

19. "Home"	Yes ____ / No ____	N/A
20. "Hospice"	Yes ____ / No ____	N/A
21. "Delaying" (*compare with #9)	Yes/Undecided (6); No (94)	_____*
22. "Vegetative" (*compare with #9)	Yes/Undecided (3); No (97)	_____*
23. "Severe damage"	Yes/Undecided (4); No (96)	_____
24. "Infant-like"	Yes/Undecided (3); No (97)	_____
25. "Child-like"	Yes/Undecided (20); No (80)	_____
26. "Mind fail"	Yes/Undecided (20); No (80)	_____
27. "Personal care"	Yes/Undecided (25); No (75)	_____
28. "Pain"	Yes/Undecided (15); No (85)	_____
29. "Machines"	Yes/Undecided (20); No (80)	_____
30. "Overall function" (score first entry only)	Yes (65); Left Blank (35)	_____
31. "Facility"	Yes/Undecided (20); No (80)	_____
32. "Family pay" (options)	N/A	N/A
33. "Also wish"	Defer/Blank (30); Stop (70)	_____
34. "Family care" (options)	N/A	N/A
35. "Also wish"	Defer/Blank (20); Stop (80)	_____
36. (Information only)	N/A	N/A
37. "Certain"	Positive (25); High (50); Reasonably (75)	_____
38. "Second"	N/A	N/A
39. "Conflict"	Prolong (20); Stop (80)	_____
40. (Information only)	N/A	N/A
41. "Artificial" (*compare with #10)	Include (70); Unsure/Not (30)	_____
42. "Double"	Limited/Unsure (10); Full (90)	_____
43. "Personal/Religious" (instructions only)	Yes ____ / No ____	N/A
44. "Organ/Tissue" (instructions only)	Yes ____ / No ____	N/A
45. "Postponed" (instructions only)	Yes ____ / No ____	N/A

46-48. "Review"	Yes ____ / No ____	N/A
49. "Beyond Limiting Conditions"	Yes ____ / No ____	N/A
END OF ADDENDUM		
50. <i>(Information only)</i>	N/A	N/A
51. "Signed"	Yes ____ / No ____	N/A
52-54. "Witnesses" <i>(two entries)</i>	Yes ____ / No ____	N/A
55. Notarization	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.	
<b>SECTION II: NAMING A HEALTH CARE AGENT</b>		
<b><i>Key Word/Phrase Prompts:</i></b>	<b><i>Completion Status:</i></b>	
56. <i>(Introduction only)</i>	N/A	
57. Name Entered	Yes ____ / No ____	
58. Intent to Appoint	Yes ____ / No ____	
59. Appointment Name Entered	Yes ____ / No ____	
60. <i>(Instructions only)</i>	N/A	
61. First Alternate Named	Yes ____ / No ____	
62. Second Alternate Named	Yes ____ / No ____	
63. <i>(Instructions only)</i>	N/A	
64. Guardian/Conservator Nominated	Yes ____ / No ____	
65. Primary MD Nominated	Yes ____ / No ____	

66. Alternate MD Nominated	Yes ____ / No ____
67. Authorities Granted	_____ of 17 Indicated
68-71. ( <i>Instructions only</i> )	N/A
72. Agent & Artificial Nutrition/Hydration Decisions ( <i>*compare #10</i> )	Yes ____ / No ____ *
73. Agent & Comfort Care Medications Decisions	Yes ____ / No ____
74. Agent Decision-Making Latitude	Yes ____ / No ____
75. Agent Visitation Authority	Yes ____ / No ____
76. Specific Persons Limited	Yes ____ / No ____
77-80. Agent Authority Limitations	Yes ____ / No ____
81. Agent Consult Options Indicated	Yes ____ / No ____
82. Specific Agent Consults Selected	Yes ____ / No ____
83. Activation of Powers	Yes ____ / No ____
84. Document Expires	Yes ____ / No ____
85-86. ( <i>Instructions only</i> )	N/A
87. Other Directives Listed	Yes ____ / No ____
88-91. ( <i>Instructions only</i> )	N/A
92. Agent Signed Acceptance	Yes ____ / No ____
93. ( <i>Instructions only</i> )	N/A
94. First Alternate Signed Acceptance	Yes ____ / No ____
95. Second Alternate Signed Acceptance	Yes ____ / No ____
96. ( <i>Instructions only</i> )	N/A
97. Principal Signature	Yes ____ / No ____
98-99. Signature Assistance	Yes ____ / No ____
100-101. ( <i>Instructions only</i> )	N/A
102-103. Both Witnesses Signed	Yes ____ / No ____
104-105. ( <i>Instructions only</i> )	N/A

106. Advocate Required/Signed	Yes ____ / No ____
107. Notarization	Yes ____ / No ____
108. <i>(Instructions only)</i>	N/A
109. Copies Locations Completed	Yes ____ / No ____
SECTION II COMPLETION RATING:	_____ of 29 Entries.
<b>CONCLUDING CONCERNS</b> <i>(issues regarding content, signing, witnessing, etc):</i>	
REVIEWED BY:	DATE: