



**MISSOURI
REPRESENTATIVE ADVANCE DIRECTIVE
CHECKLIST AND SCORING**

| REPRESENTATIVE 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. Name Entered <i>(person being represented)</i> | Yes ____ / No ____ | N/A |
| 3. Primary Decision Maker Named | Yes ____ / No ____ | N/A |
| 4. Alternate(s) Named | Yes ____ / No ____ | N/A |
| 5. Participation Deferral | Yes ____ / No ____ | N/A |
| 6-8. <i>(Instructions only)</i> | N/A | N/A |
| 9. "Current" <i>(evaluate case-by-case)</i> | N/A | N/A |
| 10. "Terminal" | Yes/Undecided (20); No (80) | _____ |
| 11. "Home" | Yes ____ / No ____ | N/A |
| 12. "Hospice" | Yes ____ / No ____ | N/A |
| 13. "Delaying" | Yes/Undecided (6); No (94) | _____ |
| 14. "Vegetative" | Yes/Undecided (3); No (97) | _____ |
| 15. "Severe damage" | Yes/Undecided (4); No (96) | _____ |
| 16. "Infant-like" | Yes/Undecided (3); No (97) | _____ |
| 17. "Child-like" | Yes/Undecided (20); No (80) | _____ |
| 18. "Mind fail" | Yes/Undecided (20); No (80) | _____ |
| 19. "Personal care" | Yes/Undecided (25); No (75) | _____ |
| 20. "Pain" | Yes/Undecided (15); No (85) | _____ |
| 21. "Machines" | Yes/Undecided (20); No (80) | _____ |
| 22. "Overall function" <i>(score first entry only)</i> | Yes (65); Left Blank (35) | _____ |

| | | |
|---|---|-------|
| 23. "Facility" | Yes/Undecided (20); No (80) | _____ |
| 24. (<i>Information only</i>) | N/A | N/A |
| 25. "Certain" | Positive (25); High (50); Reasonably (75) | _____ |
| 26. "Second" | N/A | N/A |
| 27. "Conflict" | Prolong (20); Stop (80) | _____ |
| 28. (<i>Information only</i>) | N/A | N/A |
| 29. "Artificial" | Include (70); Unsure/Not (30) | _____ |
| 30. "Double" | Limited/Unsure (10); Full (90) | _____ |
| 31. "Personal/Religious" (<i>instructions only</i>) | Yes ____ / No ____ | N/A |
| 32. "Organ/Tissue" (<i>instructions only</i>) | Yes ____ / No ____ | N/A |
| 33. "Postponed" (<i>instructions only</i>) | Yes ____ / No ____ | N/A |
| 34. "Pregnancy Limitations" | Yes ____ / No ____ | N/A |
| 35. "Qualifying Conditions" (<i>statement only</i>) | N/A | N/A |
| 36. "Statement" (<i>information only</i>) | N/A | N/A |
| 37. "Primary Representative Signed" | Yes ____ / No ____ | N/A |
| 38. Other "Immediate Family Signatures" | Yes ____ / No ____ | N/A |
| 39. Family "Not Approached" | # _____ | N/A |
| 40. Family "Signing in Dissent" | # _____ | N/A |
| 41. (<i>Instructions only</i>) | N/A | N/A |
| | TOTAL SCORE | _____ |
| TOTAL SCORE INTERPRETATION: | Values/ Risk of burdensome treatment | |
| Upper 25 Percent: | 1293-1324 (<i>low risk</i>) | |
| 50 th - 75 th Percentile: | 1196-1292 (<i>moderate risk</i>) | |
| 25 - 49 th Percentile | 1074-1195 (<i>high risk</i>) | |
| 15 th - 24 th Percentile | 930-1073 (<i>extreme risk</i>) | |
| Lower 15 Percent | 356-929 (<i>graphic risk</i>) | |
| DOCUMENT COMPLETION RATING: | _____ of 31 Entry Categories. | |

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

REVIEWED BY:

DATE: