



**NEW HAMPSHIRE 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. <i>(Introduction only)</i>	N/A	N/A
2. Instructions Deferred <i>(if yes, skip to #46).</i>	Yes ____ / No ____	N/A
3. Name Entered	Yes ____ / No ____	N/A
4-5. <i>(Information/instructions only)</i>	N/A	N/A
6. “Current” <i>(evaluate case-by-case)</i>	N/A	N/A
7. “Terminal” <i>(*compare with #52)</i>	Yes/Undecided (20); No (80)	_____*
8. “Home”	Yes ____ / No ____	N/A
9. “Hospice”	Yes ____ / No ____	N/A
10. “Delaying” <i>(*compare with #52)</i>	Yes/Undecided (6); No (94)	_____*
11. “Vegetative” <i>(*compare with #53)</i>	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" (*compare with #54)	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" (<i>statement only</i>)	N/A	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
45. Required 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 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 29 Entries.	

SECTION II: NAMING A HEALTH CARE AGENT	
<u>Key Word/Phrase Prompts:</u>	<u>Completion Status:</u>
46. (Introduction only)	N/A
47. Intent to Appoint	Yes ____ / No ____
48. (Instructions only)	N/A
49. Name Entered	Yes ____ / No ____
50. Appointment Name Entered	Yes ____ / No ____
51. (Instructions only)	N/A
52. Terminal Condition (*compare to living will #7 and #10)	Yes ____ / No ____ *
53. Permanently Unconscious (*compare to living will #11)	Yes ____ / No ____ *
54. Artificial (*compare to living will #30)	Yes ____ / No ____ *
55. Other Desires (*compare to living will)	Yes ____ / No ____ *
OPTIONAL ADDENDUM	
56. Addendum Introduction (statement only)	N/A
57. Living Will Incorporation	Yes ____ / No ____
58. Guardian/Conservator Nominated	Yes ____ / No ____
59. Primary MD Nominated	Yes ____ / No ____
60. Alternate MD Nominated	Yes ____ / No ____
61. Authorities Granted	_____ of 17 Indicated
62-65. (Instructions only)	N/A
66. Agent Authorization Re: Artificial Nutrition/Hydration Decisions	Yes ____ / No ____
67. Agent Authorization Re: Comfort Care Medications Decisions	Yes ____ / No ____
68. Agent Decision-Making Latitude	Yes ____ / No ____
69. Agent Visitation Authority	Yes ____ / No ____
70. Specific Persons Limited	Yes ____ / No ____

71-74. Agent Authority Limitations	Yes ____ / No ____
75. Agent Consult Options Indicated	Yes ____ / No ____
76. Specific Agent Consults Selected	Yes ____ / No ____
77. Activation of Powers	Yes ____ / No ____
78. Document Expires	Yes ____ / No ____
79-82. (<i>Instructions only</i>)	N/A
83. Agent Signed Acceptance	Yes ____ / No ____
84. (<i>Instructions only</i>)	N/A
85. First Alternate Signed Acceptance	Yes ____ / No ____
86. Second Alternate Signed Acceptance	Yes ____ / No ____
87. (<i>Instructions only</i>)	N/A
END OF ADDENDUM	
88. (<i>Instructions only</i>)	N/A
89. First Alternate Agent	Yes ____ / No ____
90. Second Alternate Agent	Yes ____ / No ____
91. (<i>Statement only</i>)	N/A
92. Originals / Copies	Yes ____ / No ____
93. Principal Signature	Yes ____ / No ____
94. Signature Assistance	Yes ____ / No ____
95. (<i>Instructions only</i>)	N/A
96-97. Both Witnesses 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 29 Entries.

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

REVIEWED BY:

DATE: