



**OKLAHOMA ADVANCE DIRECTIVE
CHECKLIST AND SCORING**

SECTION I: LIVING WILL DECLARATION		
<i>Key Word/Phrase Prompts:</i>	<i>Completion Status / Score Values:</i>	<i>Score:</i>
1. <i>(Introduction only)</i>	N/A	N/A
2. 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 if proper 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 failing"	Yes/Undecided (20); No (80)	_____
16. "Personal care"	Yes/Undecided (25); No (75)	_____
17. "Constant 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"	Accept/Defer (30); Stop (70)	_____
23. "Family care" (options)	N/A	N/A
24. "Also wish"	Accept/Defer (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. "Other Directives"	Yes _____ / No _____	N/A
36-38. "Review"	Yes _____ / No _____	N/A
39. "Pregnancy" section completed	Yes _____ / No _____	N/A
40. "Beyond Limiting Conditions"	Yes _____ / No _____	N/A
	TOTAL SCORE:	_____
TOTAL SCORE INTERPRETATION:	Values/ Risk of burdensome treatment	
Upper 25 Percent:	1443-1474 (<i>low 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 Entries.	

SECTION II: HEALTH CARE PROXY APPOINTMENT		
41. Proxy Named	Yes ____ / No ____	N/A
42. Statement	N/A	N/A
43. First Alternate Named	Yes ____ / No ____	N/A
44. Second Alternate Named	Yes ____ / No ____	N/A
45. 'Living Will vs Agent Controls' completed	Yes ____ / No ____	N/A
46-54. General Provisions	N/A	N/A
55-56. Dated and Signed	Yes ____ / No ____	N/A
57. First Witness	Yes ____ / No ____	N/A
58. Second Witness	Yes ____ / No ____	N/A
SECTION II COMPLETION RATING:	_____ of 7 Entries.	
SECTION III: NAMING A HEALTH CARE AGENT		
<i>Key Word/Phrase Prompts:</i>	<i>Completion Status:</i>	
59. <i>(Introduction only)</i>	N/A	
60. Name Entered	Yes ____ / No ____	
61. Intent to Appoint	Yes ____ / No ____	
62. Appointment Name Entered	Yes ____ / No ____	
63. <i>(Instructions only)</i>	N/A	
64. First Alternate Named	Yes ____ / No ____	
65. Second Alternate Named	Yes ____ / No ____	
66. <i>(Instructions only)</i>	N/A	
67. Guardian/Conservator Nominated	Yes ____ / No ____	
68. Primary MD Nominated	Yes ____ / No ____	
69. Alternate MD Nominated	Yes ____ / No ____	
70. Authorities Granted	_____ of 17 Indicated	
71-74. <i>(Instructions only)</i>	N/A	

75. Agent Authorization Re: Artificial Nutrition/Hydration Decisions	Yes _____ / No _____
76. Agent Authorization Re: Comfort Care Medications Decisions	Yes _____ / No _____
77. Agent Decision-Making Latitude	Yes _____ / No _____
78. Agent Visitation Authority	Yes _____ / No _____
79. Specific Persons Limited	Yes _____ / No _____
80-83. Agent Authority Limitations	Yes _____ / No _____
84. Agent Consult Options Indicated	Yes _____ / No _____
85. Specific Agent Consults Selected	Yes _____ / No _____
86. Activation of Powers	Yes _____ / No _____
87. Document Expires	Yes _____ / No _____
88. <i>(Instructions only)</i>	N/A
89. Living Will Incorporation	Yes _____ / No _____
90. Other Directives Listed	Yes _____ / No _____
91-94. <i>(Instructions only)</i>	N/A
95. Agent Signed Acceptance	Yes _____ / No _____
96. <i>(Instructions only)</i>	N/A
97. First Alternate Signed Acceptance	Yes _____ / No _____
98. Second Alternate Signed Acceptance	Yes _____ / No _____
99. <i>(Instructions only)</i>	N/A
100. Principal Signature	Yes _____ / No _____
101-102. Signature Assistance	N/A
103. <i>(Instructions only)</i>	N/A
104-105. Both Witnesses Signed	Yes _____ / No _____
106-107. <i>(Instructions only)</i>	N/A
108. Advocate Required/Signed	Yes _____ / No _____
109. Notarization	Yes _____ / No _____

110. <i>(Instructions only)</i>	Yes ____ / No ____
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111. Copies Locations Completed	Yes ____ / No ____
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SECTION III COMPLETION RATING:	_____ of 30 Entries.
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CONCLUDING CONCERNS (*issues regarding content, signing, witnessing, etc*):

REVIEWED BY:	DATE:
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