



**OREGON ADVANCE DIRECTIVE
CHECKLIST AND SCORING**

OREGON ADVANCE DIRECTIVE	
<i>Key Word/Phrase Prompts:</i>	<i>Completion Status</i>
1. (Introduction only)	N/A
PART A: IMPORTANT INFORMATION	
2-5. Background Facts/Information	N/A
6. Name Entered	Yes ____ / No ____
7. Term of Validity (*compare with #38)	Yes ____ / No ____ *
PART B: APPOINTMENT OF HEALTH CARE REPRESENTATIVE	
8. Appointment: Name Entered	Yes ____ / No ____
9. Representative's Address	Yes ____ / No ____
10. Alternate Appointment	Yes ____ / No ____
11. Alternate's Address	Yes ____ / No ____
12. (Instructions only)	N/A
13. Limits – Special Conditions/Instructions	Yes ____ / No ____
14. Representative to Honor Health Instruction (*compare with #40)	Yes ____ / No ____ *
15. Further Instructions (Addendum)	Yes ____ / No ____
PART B ADDENDUM	
16-17. (Information/Statement only)	N/A
18. Nomination of Guardian/Conservator	Yes ____ / No ____
19. Primary Physician	Yes ____ / No ____
20. Alternate MD	Yes ____ / No ____
21. Representative Authorities (*compare with #50 and #65)	____ / of 17 Options*

22-25. <i>(Instructions only)</i>	N/A
26. Representative “tube feeding” Authority <i>(*compare #53 and Part C Addendum #90-91)</i>	Yes ____ / No ____ *
27. Representative “pain meds” Authority <i>(*compare with Part C Addendum #92)</i>	Yes ____ / No ____ *
28. Representative Decisional Latitude	Yes ____ / No ____
29. Visitation Control	Yes ____ / No ____
30. Specific Visitation Limits	Yes ____ / No ____
31-34. <i>(Instructions only)</i>	N/A
35. Representative Consultation	Yes ____ / No ____
36. Specific Consults	Yes ____ / No ____
37. Activation	Yes ____ / No ____
38. Duration/ Expiration	Yes ____ / No ____
39. Additional Provisions <i>(statement only)</i>	N/A
40. Health Instruction Incorporation <i>(*compare with #14)</i>	Yes ____ / No ____ *
41. Other Directives.	Yes ____ / No ____
42-44. <i>(Instructions only)</i>	N/A
45. Representative’s Acceptance <i>(info only)</i> <i>(*compare Part E #112-114)</i>	N/A*
46. Representative’s Signature	Yes ____ / No ____
47. Alternate’s Acceptance <i>(information only)</i>	N/A
48-49. Alternates’ Signatures	Yes ____ / No ____
END OF PART B ADDENDUM	
50-51. Representative Life Support Decisions <i>(*compare with #21(a))</i>	Yes ____ / No ____ *
52-53. Representative Tube Feeding Decisions <i>(*compare with #26 and #90-91)</i>	Yes ____ / No ____ *
54. Enter Date Completed	Yes ____ / No ____
55. Signature Entered	Yes ____ / No ____

PART B COMPLETION RATING:	_____ of 30 Entry Categories.	
PART C: HEALTH CARE INSTRUCTIONS		
<u>Key Word/Phrase Prompts:</u>	<u>Completion Status</u> <u>Potential Score Values:</u>	<u>Score:</u>
56. (Information only)	N/A	N/A
57. Close to Death (*compare with #68, #71, #90-91)	Yes _____ / No _____ *	N/A*
58. Permanently Unconscious (*compare with #72 and #90-91)	Yes _____ / No _____ *	N/A*
59. Advanced Progressive Illness (*compare with #90-91)	Yes _____ / No _____ *	N/A*
60. Extraordinary Suffering (*compare with #78 and #90-91)	Yes _____ / No _____ *	N/A*
61. General Instructions	Yes _____ / No _____	N/A
62. Additional Conditions	Yes _____ / No _____	N/A
63. Added Statement	Yes _____ / No _____	N/A
OPTIONAL PART C ADDENDUM		
64. (Introduction only)	N/A	N/A
65. Clarifying (*compare with #50)	N/A*	N/A*
66. (Instructions only)	N/A	N/A
67. “Current” (evaluate case-by-case)	Yes _____ / No _____	N/A
68. “Terminal” (*compare with #57)	Yes/Undecided (20); No (80)	_____ *
69. “Home”	Yes _____ / No _____	N/A
70. “Hospice”	Yes _____ / No _____	N/A
71. “Delaying” (*compare with #57)	Yes/Undecided (6); No (94)	_____ *
72. “Vegetative” (*compare with #58)	Yes/Undecided (3); No (97)	_____ *
73. “Severe damage”	Yes/Undecided (4); No (96)	_____
74. “Infant-like”	Yes/Undecided (3); No (97)	_____
75. “Child-like”	Yes/Undecided (20); No (80)	_____
76. “Mind fail”	Yes/Undecided (20); No (80)	_____

77. "Personal care"	Yes/Undecided (25); No (75)	_____
78. "Pain" (*compare with #60)	Yes/Undecided (15); No (85)	_____*
79. "Machines"	Yes/Undecided (20); No (80)	_____
80. "Overall function" (score first entry only)	Yes (65); Left Blank (35)	_____
81. "Facility"	Yes/Undecided (20); No (80)	_____
82. "Family pay" (options)	N/A	N/A
83. "Also wish"	Defer/Blank (30); Stop (70)	_____
84. "Family care" (options)	N/A	N/A
85. "Also wish"	Defer/Blank (20); Stop (80)	_____
86. (Information only)	N/A	N/A
87. "Certain"	Positive (25); High (50); Reasonably (75)	_____
88. "Second"	N/A	N/A
89. "Conflict"	Prolong (20); Stop (80)	_____
90. (Information only)	N/A	N/A
91. "Artificial" (*compare #26, #52-53, #65)	Include (70); Unsure/Not (30)	_____*
92. "Double" (*compare with #27)	Limited/Unsure (10); Full (90)	_____*
93. "Personal/Religious"	Yes _____ / No _____	N/A
94. "Organ/Tissue"	Yes _____ / No _____	N/A
96. "Postponed"	Yes _____ / No _____	N/A
96-98. "Review"	Yes _____ / No _____	N/A
99. "Pregnancy Limitations"	Yes _____ / No _____	N/A
100. "Beyond Limiting Conditions"	Yes _____ / No _____	N/A
101. Enhanced Definitions	Yes _____ / No _____	N/A
102. Guiding Others (*compare #14 and #40)	Yes _____ / No _____*	N/A
103. Enhanced Legal Rights	Yes _____ / No _____	N/A
END OF PART C ADDENDUM		
42-44. "Witnesses" (two entries)	Yes _____ / No _____	N/A

SCORING PART C ADDENDUM:	TOTAL SCORE	_____
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>)	
PART C – COMPLETION RATING:	_____ of 38 Entries.	
PART D: DECLARATION OF WITNESSES		
108. (<i>Statement only</i>)	N/A	
109-110. Signatures of Two (2) Witnesses	Yes _____ / No _____	
111. (<i>Instructions only</i>)	N/A	
PART E: ACCEPTANCE BY HEALTH CARE REPRESENTATIVE		
112. (<i>Statement only – *compare with #45</i>)	N/A*	
113. Representative Signature	Yes _____ / No _____	
114. Alternate Signature	Yes _____ / No _____	
PART E: CONCLUDING ADDENDUM		
115. (<i>Introduction only</i>)	N/A	
116. (<i>Instructions only</i>)	N/A	
117-118. Advocate Required/Signed	Yes _____ / No _____	
119. Notarization	Yes _____ / No _____	
120. (<i>Instructions only</i>)	N/A	
121. Copies Locations Completed	Yes _____ / No _____	
PART D-E COMPLETION RATING:	_____ of 6 Entries.	

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

REVIEWED BY:

DATE: