



**PENNSYLVANIA ADVANCE DIRECTIVE  
CHECKLIST AND SCORING**

<b>SECTION I: LIVING WILL DECLARATION</b>		
<b><i>Key Word/Phrase Prompts:</i></b>	<b><i>Completion Status / Potential Score Values:</i></b>	<b><i>Score:</i></b>
1. <i>(Introduction only)</i>	N/A	N/A
2. Instructions 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 case-by-case)</i>	Yes ____ / No ____	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 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"	Include (70); Unsure/Not (30)	_____
31. "Double"	Limited/Unsure (10); Full (90)	_____
32. "Personal/Religious"	Yes _____ / No _____	N/A
33. "Organ/Tissue"	Yes _____ / No _____	N/A
34. "Postponed"	Yes _____ / No _____	N/A
35-37. "Review"	Yes _____ / No _____	N/A
38. "Pregnancy Limitations"	Yes _____ / No _____	N/A
39. "Beyond Limiting Conditions"	Yes _____ / No _____	N/A
40. Diagnostic Agreement ( <i>statement only</i> )	N/A	N/A
	TOTAL SCORE	_____
<b>TOTAL SCORE INTERPRETATION:</b>		
Upper 25 Percent:	Values/ Risk of burdensome treatment	
50 <sup>th</sup> - 75 <sup>th</sup> Percentile:	1443-1474 ( <i>low risk</i> )	
25 - 49 <sup>th</sup> Percentile	1325-1442 ( <i>moderate risk</i> )	
15 <sup>th</sup> - 24 <sup>th</sup> Percentile	1184-1324 ( <i>high risk</i> )	
Lower 15 Percent	1020-1183 ( <i>extreme risk</i> )	
SECTION I COMPLETION RATING: _____ of 29 Entries.		

<b>SECTION II: HEALTH CARE SURROGATE APPOINTMENT</b>	
41. Surrogate Appointment Name Entered (*compare with #56)	Yes ____ / No ____ *
42. (Instructions only)	N/A
43-44. Alternates Named (*compare with #58-59)	Yes ____ / No ____ *
45. (Statement only)	N/A
46. Signed	Yes ____ / No ____
47-48. Signature Assistance	Yes ____ / No ____
49-50. Witnesses Signatures	Yes ____ / No ____
<b>SECTION III: NAMING A HEALTH CARE AGENT</b>	
<b><u>Key Word/Phrase Prompts:</u></b>	<b><u>Completion Status:</u></b>
51. (Introduction only)	N/A
52. Mandatory Preface (instructions only)	N/A
53. Preface Confirmatory Signature	Yes ____ / No ____
54. Name Entered	Yes ____ / No ____
55. Intent to Appoint	Yes ____ / No ____
56. Appointment Name Entered (*compare with #41)	Yes ____ / No ____ *
57. (Instructions only)	N/A
58-59. Alternates Named (*compare with #43-44)	Yes ____ / No ____ *
60. (Instructions only)	N/A
61-62. Guardian/Conservator Nominated	Yes ____ / No ____
63. Primary MD Nominated	Yes ____ / No ____
64. Alternate MD Nominated	Yes ____ / No ____
65. Authorities Granted	_____ of 17 Indicated
66-69. (Instructions only)	N/A

70. Agent Authority Re: Artificial Nutrition/Hydration Decisions	Yes _____ / No _____
71. Agent Authority Re: Comfort Care Medications Decisions	Yes _____ / No _____
72. Agent Decision-Making Latitude	Yes _____ / No _____
73. Agent Visitation Authority	Yes _____ / No _____
74. Specific Persons Limited	Yes _____ / No _____
75-78. Authority Limitations ( <i>instructions</i> )	N/A
79. Agent Consult Options Indicated	Yes _____ / No _____
80. Specific Agent Consults Selected	Yes _____ / No _____
81. Activation of Powers	Yes _____ / No _____
82. Document Expires	Yes _____ / No _____
83-84. ( <i>Instructions only</i> )	N/A
85. Other Directives Listed	Yes _____ / No _____
88-88. ( <i>Instructions only</i> )	N/A
89-91. Agent Signed Acceptance	Yes _____ / No _____
92-93. Further Acceptance Signed	Yes _____ / No _____
94-96. Alternates Signed Acceptance	Yes _____ / No _____
97. ( <i>Instructions only</i> )	N/A
98. Principal Signature	Yes _____ / No _____
99-100. Signature Assistance	Yes _____ / No _____
101-102. ( <i>Instructions only</i> )	N/A
103-104. Witnesses Signed	Yes _____ / No _____
105-107. Advocate Required/Signed	Yes _____ / No _____
108. Notarization	Yes _____ / No _____
109. ( <i>Instructions only</i> )	N/A
110. Copies Locations Completed	Yes _____ / No _____
SECTION II COMPLETION RATING:	_____ of 28 Entries.

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

REVIEWED BY:

DATE: