



## SOUTH CAROLINA ADVANCE DIRECTIVE CHECKLIST AND SCORING

<b>SECTION I: LIVING WILL AND SURROGATE APPOINTMENT</b>		
<b><i>Key Word/Phrase Prompts:</i></b>	<b><i>Completion Status / Potential Score Values:</i></b>	<b><i>Score:</i></b>
1. (Introduction only)	N/A	N/A
2. County Identification Entered.	Yes ____ / No ____	N/A
3. Intent to Complete	Yes ____ / No ____	N/A
4. Name Entered	Yes ____ / No ____	N/A
5. Terminal Treatment (*compare with #14)	Yes ____ / No ____*	N/A
6. Treatment and Permanent Unconsciousness (*compare with #18)	Yes ____ / No ____*	N/A
7. Artificial Feeding if Terminal (*compare with #37 and #38)	Yes ____ / No ____*	N/A
8. Artificial Feeding in Coma (*compare with #37 and #38)	Yes ____ / No ____*	N/A
9. (Instructions only)	N/A	N/A
<b>OPTIONAL ADDENDUM</b>		
10-12. (Instructions only)	N/A	N/A
13. "Current" (evaluate case-by-case)	Yes ____ / No ____	N/A
14. "Terminal" (*compare with #5)	Yes/Undecided (20); No (80)	_____*
15. "Home"	Yes ____ / No ____	N/A
16. "Hospice"	Yes ____ / No ____	N/A
17. "Delaying"	Yes/Undecided (6); No (94)	_____
18. "Vegetative" (*compare with #6)	Yes/Undecided (3); No (97)	_____*
19. "Severe damage"	Yes/Undecided (4); No (96)	_____

20. "Infant-like"	Yes/Undecided (3); No (97)	_____
21. "Child-like"	Yes/Undecided (20); No (80)	_____
22. "Mind fail"	Yes/Undecided (20); No (80)	_____
23. "Personal care"	Yes/Undecided (25); No (75)	_____
24. "Pain"	Yes/Undecided (15); No (85)	_____
25. "Machines"	Yes/Undecided (20); No (80)	_____
26. "Overall function" ( <i>score first entry only</i> )	Yes (65); Left Blank (35)	_____
27. "Facility"	Yes/Undecided (20); No (80)	_____
28. "Family pay" ( <i>options</i> )	Yes _____ / No _____	N/A
29. "Also wish"	Defer/Blank (30); Stop (70)	_____
30. "Family care" ( <i>options</i> )	Yes _____ / No _____	N/A
31. "Also wish"	Defer/Blank (20); Stop (80)	_____
32. ( <i>Information only</i> )	N/A	N/A
33. "Certain"	Positive (25); High (50); Reasonably (75)	_____
34. "Second"	Yes _____ / No _____	N/A
35. "Conflict"	Prolong (20); Stop (80)	_____
36. Agent Decision-Making Latitude	Yes _____ / No _____	N/A
37-38. "Artificial" ( <i>*compare with #7-#8</i> )	Include (70); Unsure/Not (30)	_____*
39. "Double"	Limited/Unsure (10); Full (90)	_____
40. "Personal/Religious"	Yes _____ / No _____	N/A
41. "Organ/Tissue"	Yes _____ / No _____	N/A
42. "Postponed"	Yes _____ / No _____	N/A
43-45. "Review"	Yes _____ / No _____	N/A
46. "Pregnancy Limitations"	Yes _____ / No _____	N/A
47. "Beyond Limiting Conditions"	Yes _____ / No _____	N/A
END OF ADDENDUM		

<b>APPOINTMENT OF HEALTH CARE AGENT</b>		
48. Name of Agent Entered	Yes ____ / No ____	N/A
49-51. Alternates Names Entered	Yes ____ / No ____	N/A
52. Revocation Agent Identified	Yes ____ / No ____	N/A
53-55. Revocation Procedures ( <i>Info only</i> )	N/A	N/A
56. Signed	Yes ____ / No ____	N/A
57. County Identified	Yes ____ / No ____	N/A
58-59. "Witnesses" ( <i>two entries</i> )	Yes ____ / No ____	N/A
60. Notarization	Yes ____ / No ____	N/A
	TOTAL SCORE	_____
<b>TOTAL SCORE INTERPRETATION:</b>	Values/ Risk of burdensome treatment	
Upper 25 Percent:	1443-1474 ( <i>low risk</i> )	
50 <sup>th</sup> - 75 <sup>th</sup> Percentile:	1325-1442 ( <i>moderate risk</i> )	
25 - 49 <sup>th</sup> Percentile	1184-1324 ( <i>high risk</i> )	
15 <sup>th</sup> - 24 <sup>th</sup> Percentile	1020-1183 ( <i>extreme risk</i> )	
Lower 15 Percent	406-1019 ( <i>graphic risk</i> )	
SECTION I COMPLETION RATING:	_____ of 45 Entries.	
<b>SECTION II: NAMING A POWER OF ATTORNEY AGENT</b>		
<b><i>Key Word/Phrase Prompts:</i></b>	<b><i>Completion Status:</i></b>	
61-62. ( <i>Introduction/Instructions only</i> )	N/A	
63. Name/Agent Name Entered	Yes ____ / No ____	
64. Optional Expiration Date	Yes ____ / No ____	
65. Agent Authorities	_____ of 4 Options	
<b>OPTIONAL ADDENDUM</b>		
66. Expanded Agent Authorities	_____ of 14 Options	
67. Agent Visitation Authority	Yes ____ / No ____	
68. Specific Persons Limited	Yes ____ / No ____	

<b>END OF OPTIONAL ADDENDUM</b>	
69. <i>(Instructions only)</i>	N/A
70. Organ/Tissue Donation <i>(*compare with #41)</i>	Yes ____ / No ____ *
71. <i>(Instructions only)</i>	N/A
72. Special Provisions	_____ of 4 Agent Options
73. Desires Re: Tube Feeding <i>(*compare with #36 and #37)</i>	Yes ____ / No ____ *
74. <i>(Instructions only)</i>	N/A
<b>75. OPTIONAL ADDENDUM LIMITATIONS</b>	
76-78. <i>(Instructions only)</i>	N/A
79. Agent Consults	Yes ____ / No ____
80. Specific Consult Resources	Yes ____ / No ____
<b>81. END OF OPTIONAL ADDENDUM LIMITATIONS</b>	
82-84. Agent Successors <i>(*compare #50-51)</i>	Yes ____ / No ____
85-86. <i>(Instructions only)</i>	Yes ____ / No ____
<b>87. OPTIONAL FURTHER ADDENDUM</b>	
88-89. Nomination of Guardian/Conservator	Yes ____ / No ____
90. Nomination of Primary MD	Yes ____ / No ____
91. Alternate MD	Yes ____ / No ____
92-100. <i>(Instructions only)</i>	N/A
101. Agent's Acceptance Signature	Yes ____ / No ____
102. <i>(Instructions only)</i>	N/A
103-104. Alternates Signed Acceptance	Yes ____ / No ____
105. Activation of Authority	Yes ____ / No ____
106. <i>(Instructions only)</i>	N/A
<b>107. END OF OPTIONAL ADDENDUM</b>	
108. <i>(Instructions only)</i>	N/A

109. Principal Signature	Yes ____ / No ____
110. Signature Assistance	Yes ____ / No ____
111. <i>(Instructions only)</i>	N/A
112-113. Both Witnesses Signed	Yes ____ / No ____
<b>114. CONCLUDING OPTIONAL ADDENDUM</b>	
115. <i>(Instructions only)</i>	N/A
116-117. Advocate Required/Signed	Yes ____ / No ____
118. Notarization	Yes ____ / No ____
119. <i>(Instructions only)</i>	N/A
120. Copies Locations Completed	Yes ____ / No ____
SECTION II COMPLETION RATING:	_____ of 25 Entries.
<b>CONCLUDING CONCERNS</b> <i>(issues regarding content, signing, witnessing, etc):</i>	
REVIEWED BY:	DATE: