

UTAH ADVANCE DIRECTIVE CHECKLIST AND SCORING

<u>Key Word/Phrase Prompts</u> :	<u>Completion Status</u> / <u>Potential Score Values</u> :	<u>Score</u> :
1. (Introduction only)	N/A	N/A
2. Instructions Deferred (if yes, skip to #48).	Yes/ No	N/A
3. Date/Name Entered	Yes/ No	N/A
3B. Terminal Condition (statement only) (*compare with #9)	N/A*	N/A*
3D. Other Procedures Specified	Yes/ No	N/A
OPTIONAL ADDENDUM		
4. (Introduction only)	N/A	N/A
5. Intent to Complete the Addendum	Yes/ No	N/A
6-7. (Information/Instructions only)	N/A	N/A
8. "Current" (evaluate case-by-case)	Yes/ No	N/A
9. "Terminal" (*compare with #3-B)	Yes/Undecided (20); No (80)	
10. "Home"	Yes/ No	N/A
11. "Hospice"	Yes/ No	N/A
12. "Delaying"	Yes/Undecided (6); No (94)	
13. "Vegetative"	Yes/Undecided (3); No (97)	
14. "Severe damage"	Yes/Undecided (4); No (96)	
15. "Infant-like"	Yes/Undecided (3); No (97)	
16. "Child-like"	Yes/Undecided (20); No (80)	
17. "Mind fail"	Yes/Undecided (20); No (80)	
18. "Personal care"	Yes/Undecided (25); No (75)	

19. "Pain"	Yes/Undecided (15); No (85)	
20. "Machines"	Yes/Undecided (20); No (80)	
21. "Overall function" (score first entry only)	Yes (65); Left Blank (35)	
22. "Facility"	Yes/Undecided (20); No (80)	
23. "Family pay" (options)	N/A	N/A
24. "Also wish"	Defer/Blank (30); Stop (70)	
25. "Family care" (options)	N/A N/A	
26. "Also wish"	Defer/Blank (20); Stop (80)	
27. (Information only)	N/A	N/A
28. "Certain"	Positive (25); High (50); Reasonably (75)	
29. "Second"	N/A	N/A
30. "Conflict"	Prolong (20); Stop (80)	
31. (Information only)	N/A	N/A
32. "Artificial"	Include (70); Unsure/Not (30)	
33. "Double"	Limited/Unsure (10); Full (90)	
34. "Personal/Religious"	Yes/ No	N/A
35. "Organ/Tissue"	Yes/ No	N/A
36. "Postponed"	Yes/ No	N/A
37-39. "Review"	Yes/ No	N/A
40. "Pregnancy" (statement only)	N/A	N/A
41. "Beyond Limiting Definitions"	Yes/ No	N/A
42. (Information only)	N/A	N/A
END OF ADDENDUM		
43. (Information only)	N/A	N/A
44. "Signed"	Yes/ No	N/A
44-47. "Witnesses" (two entries)	Yes/ No	N/A
	TOTAL SCORE	

TOTAL SCORE INTERPRETATION:	Values/ Risk of burdensome treatment	
Upper 25 Percent:	1443-1474 (low risk)	
50 th - 75 th Percentile:	1325-1442 (moderate risk)	
25 - 49 th Percentile	1184-1324 (high risk)	
15 th - 24 th Percentile	1020-1183 (extreme risk)	
Lower 15 Percent	406-1019 (graphic risk)	
SECTION I COMPLETION RATING:	of 32 Entries.	
SECTION II: NAMING A HEALTH CA	RE AGENT	
Key Word/Phrase Prompts:	Completion Status:	
48. (Introduction only)	N/A	
49. Name/Date Entered	Yes/ No	
50. Appointment Name Entered	Yes/ No	
51. Signature	Yes/ No	
52. Notarization	Yes/ No	
SECTION II COMPLETION RATING:	of 4 Entries.	
SECTION III: POWER OF ATTORNEY	FOR HEALTH CARE	
53. (Introduction only)	N/A	
54. Name Entered	Yes/ No	
55. Intent to Complete	Yes/ No	
56. Name of Agent Entered	Yes/ No	
57. (Instructions only)	N/A	
58-59. Alternates Named	Yes/ No	
60. (Instructions only)	N/A	
61. Guardian/Conservator Nominated	Yes/ No	
62. Primary MD Nominated	Yes/ No	

63. Alternate MD Nominated	Yes/ No
64. Authorities Granted	of 17 Indicated
65-68. (Instructions only)	N/A
69. Agent Authorization Re: Artificial Nutrition/Hydration Decisions	Yes/ No
70. Agent Authorization Re: Comfort Care Medications Decisions	Yes/ No
71. Agent Decision-Making Latitude	Yes/ No
72. Agent Visitation Authority	Yes/ No
73. Specific Persons Limited	Yes/ No
74-77. Agent Authority Limitations	Yes/ No
78. Agent Consult Options Indicated	Yes/ No
79. Specific Agent Consults Selected	Yes/ No
80. Activation of Powers	Yes/ No
81. Document Expires	Yes/ No
82-83. (Instructions only)	N/A
84. Other Directives Listed	Yes/ No
85-88. (Instructions only)	N/A
89. Agent Signed Acceptance	Yes/ No
90. (Instructions only)	N/A
91. First Alternate Signed Acceptance	Yes/ No
92. Second Alternate Signed Acceptance	Yes/ No
93. (Instructions only)	N/A
94. Principal Signature	Yes/ No
95-96. Signature Assistance	Yes/ No
97-98. (Instructions only)	N/A
99-100. Both Witnesses Signed	Yes/ No
101. (Instructions only)	N/A

102-103. Advocate Required/Signed	Yes/ No
104. Notarization	Yes/ No
SECTION III COMPLETION RATING:	of 27 Entries.
SECTION IV: DIRECTIVE TO PHYSICIAN	NS (post diagnosis of illness or injury)
105. "Already Diagnosed" (statement only) (*If not, skip to #118)	N/A
106. (Introduction only)	N/A
107. Physician and Patient Name Entered	Yes/ No
108. Diagnosis Information Entered	Yes/ No
109. Certification (statement only)	N/A
110. Directive Information Source	Yes/ No
111. Physician Signature	Yes/ No
112. Long-Term Treatment Plan	Yes/ No
113. Signature (declarant/proxy)	Yes/ No
114. (Statement only)	N/A
115-116. Witnesses Signatures	Yes/ No
117. (Statement only)	N/A
COMPLETION SCORE (*if post diagnosis)	of Entries.
118. Location of Copies	Yes/ No

CONCLUDING CONCERNS (issues regarding content, signing, witnessing, etc):		
REVIEWED BY:	DATE:	