



**INDIANA 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. (Introduction only)	N/A	N/A
<b>OPTION A: Terminal Treatment Refusal:</b>		
2. Name/Date Entered	Yes ____ / No ____	N/A
3. Terminal Condition (statement only) (*compare Option A with Addendum #22)	N/A	N/A
4. Tube Feeding/Hydration (*compare with Addendum #45)	Yes ____ / No ____	N/A
5. Additional Instructions	Yes ____ / No ____	N/A
6. (Instructions only)	N/A	N/A
7. Signed	Yes ____ / No ____	N/A
8. (Statement only)	N/A	N/A
9-10. Witnesses Signatures	Yes ____ / No ____	N/A
OPTION A COMPLETION RATING:	N/A ____; or: ____ of 5 Entries	
<b>OPTION B: Terminal Treatment Request:</b>		
11. Name/Date Entered	Yes ____ / No ____	N/A
12. Additional Instructions	Yes ____ / No ____	N/A
13. (Statement only)	N/A	N/A
14. Signed	Yes ____ / No ____	N/A
15. (Statement only)	N/A	N/A
16-17. Witnesses Signatures	Yes ____ / No ____	N/A

OPTION B COMPLETION RATING:	N/A _____; or: _____ of 4 Entries	
DECLARATION ADDENDUM:		
18. <i>(Introduction only)</i>	N/A	N/A
19-20. <i>(Information only)</i>	N/A	N/A
21. “Current” <i>(evaluate case-by-case)</i>	N/A	N/A
22. “Terminal” <i>(*compare with #3; score only #22)</i>	Yes/Undecided (20); No (80)	_____*
23. “Home”	Yes _____ / No _____	N/A
24. “Hospice”	Yes _____ / No _____	N/A
25. “Delaying”	Yes/Undecided (6); No (94)	_____
26. “Vegetative”	Yes/Undecided (3); No (97)	_____
27. “Severe damage”	Yes/Undecided (4); No (96)	_____
28. “Infant-like”	Yes/Undecided (3); No (97)	_____
29. “Child-like”	Yes/Undecided (20); No (80)	_____
30. “Mind fail”	Yes/Undecided (20); No (80)	_____
31. “Personal care”	Yes/Undecided (25); No (75)	_____
32. “Pain”	Yes/Undecided (15); No (85)	_____
33. “Machines”	Yes/Undecided (20); No (80)	_____
34. “Overall function” <i>(score first entry only)</i>	Yes (65); Left Blank (35)	_____
35. “Facility”	Yes/Undecided (20); No (80)	_____
36. “Family pay” <i>(options)</i>	N/A	N/A
37. “Also wish”	Defer/Blank (30); Stop (70)	_____
38. “Family care” <i>(options)</i>	N/A	N/A
39. “Also wish”	Defer/Blank (20); Stop (80)	_____
40. <i>(Information only)</i>	N/A	N/A
41. “Certain”	Positive (25); High (50); Reasonably (75)	_____

42. "Second"	N/A	N/A
43. "Conflict"	Prolong (20); Stop (80)	_____
44. (Information only)	N/A	N/A
45. "Artificial" (*compare with #4)	Include (70); Unsure/Not (30)	_____*
46. "Double"	Limited/Unsure (10); Full (90)	_____
47. "Personal/Religious" (instructions only)	Yes ____ / No ____	N/A
48. "Organ/Tissue" (instructions only)	Yes ____ / No ____	N/A
49. "Postponed" (instructions only)	Yes ____ / No ____	N/A
50-52. "Review"	Yes ____ / No ____	N/A
53. "Pregnancy Limitations"	Yes ____ / No ____	N/A
54. "Beyond Limiting Conditions"	Yes ____ / No ____	N/A
55. "Statement" (information only)	N/A	N/A
56. "Signed"	Yes ____ / No ____	N/A
57-59. "Witnesses" (two entries)	Yes ____ / No ____	N/A
	TOTAL SCORE	_____
ADDENDUM SCORE INTERPRETATION:	Values/ Risk of burdensome treatment	
Upper 25 Percent:	1443-1474 (low risk)	
50 <sup>th</sup> - 75 <sup>th</sup> Percentile:	1325-1442 (moderate risk)	
25 - 49 <sup>th</sup> Percentile	1184-1324 (high risk)	
15 <sup>th</sup> - 24 <sup>th</sup> Percentile	1020-1183 (extreme risk)	
Lower 15 Percent	406-1019 (graphic risk)	
ADDENDUM COMPLETION RATING:	_____ of 28 Entries.	
<b>SECTION II: NAMING A HEALTH CARE AGENT</b>		
<b><i>Key Word/Phrase Prompts:</i></b>	<b><i>Completion Status:</i></b>	
60. (Introduction only)	N/A	
61. Name Entered	Yes ____ / No ____	
62. Intent to Appoint	Yes ____ / No ____	

63. Appointment Name Entered	Yes ____ / No ____
64. <i>(Instructions only)</i>	N/A
65. First Alternate Named	Yes ____ / No ____
66. Second Alternate Named	Yes ____ / No ____
67. <i>(Instructions only)</i>	N/A
68. Guardian/Conservator Nominated	Yes ____ / No ____
69. Primary MD Nominated	Yes ____ / No ____
70. Alternate MD Nominated	Yes ____ / No ____
71. Authorities Granted	_____ of 17 Indicated
72-76. <i>(Instructions only)</i>	N/A
77. Agent Authorization Re: Artificial Nutrition/Hydration Decisions	Yes ____ / No ____
78. Agent Authorization Re: Comfort Care Medications Decisions	Yes ____ / No ____
79. Agent Decision-Making Latitude	Yes ____ / No ____
80. Agent Visitation Authority	Yes ____ / No ____
81. Specific Persons Limited	Yes ____ / No ____
82-85. Agent Authority Limitations	Yes ____ / No ____
86. Agent Consult Options Indicated	Yes ____ / No ____
87. Specific Agent Consults Selected	Yes ____ / No ____
88. Activation of Powers	Yes ____ / No ____
89. Document Expires	Yes ____ / No ____
90. <i>(Instructions only)</i>	N/A
91. <i>(Instructions only)</i>	N/A
92. Other Directives Listed	Yes ____ / No ____
93-96. <i>(Instructions only)</i>	N/A
97. Agent Signed Acceptance	Yes ____ / No ____
98. <i>(Instructions only)</i>	N/A

99. First Alternate Signed Acceptance	Yes ____ / No ____
100. Second Alternate Signed Acceptance	Yes ____ / No ____
101. <i>(Instructions only)</i>	N/A
102. Principal Signature	Yes ____ / No ____
103-104. Signature Assistance	Yes ____ / No ____
105-106. <i>(Instructions only)</i>	N/A
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.
<b>CONCLUDING CONCERNS</b> <i>(issues regarding content, signing, witnessing, etc):</i>	
REVIEWED BY:	DATE: