



**DISTRICT OF COLUMBIA 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
2. Declaration Date	Yes ____ / No ____	N/A
3. Name Entered	Yes ____ / No ____	N/A
4. Terminal Condition (*compare #11; score one, but not both)	Yes/Undecided (20); No (80)	_____*
5. Expanding Wishes by Addendum	Yes ____ / No ____	N/A
6. (Addendum Introduction)	N/A	
7. Name Entered on Addendum	Yes ____ / No ____	N/A
8. (Information only)	N/A	N/A
9. (Instructions only)	N/A	N/A
10. "Current" (evaluate case-by-case)	N/A	N/A
11. "Terminal Condition" (*compare #4; score one, but not both)	Yes/Undecided (20); No (80)	_____*
12. "Home"	Yes ____ / No ____	N/A
13. "Hospice"	Yes ____ / No ____	N/A
14. "Delaying"	Yes/Undecided (6); No (94)	_____
15. "Vegetative"	Yes/Undecided (3); No (97)	_____
16. "Severe damage"	Yes/Undecided (4); No (96)	_____
17. "Infant-like"	Yes/Undecided (3); No (97)	_____
18. "Child-like"	Yes/Undecided (20); No (80)	_____
19. "Mind fail"	Yes/Undecided (20); No (80)	_____

20. "Personal care"	Yes/Undecided (25); No (75)	_____
21. "Pain"	Yes/Undecided (15); No (85)	_____
22. "Machines"	Yes/Undecided (20); No (80)	_____
23. "Overall function" ( <i>score first entry only</i> )	Yes (65); Left Blank (35)	_____
24. "Facility"	Yes/Undecided (20); No (80)	_____
25. "Family pay" ( <i>options</i> )	N/A	N/A
26. "Also wish"	Defer/Blank (30); Stop (70)	_____
27. "Family care" ( <i>options</i> )	N/A	N/A
28. "Also wish"	Defer/Blank (20); Stop (80)	_____
29. ( <i>Information only</i> )	N/A	N/A
30. "Certain"	Positive (25); High (50); Reasonably (75)	_____
31. "Second"	N/A	N/A
32. "Conflict"	Prolong (20); Stop (80)	_____
33. ( <i>Information only</i> )	N/A	N/A
34. "Artificial"	Include (70); Unsure/Not (30)	_____
35. "Double"	Limited/Unsure (10); Full (90)	_____
36. "Personal/Religious" ( <i>instructions only</i> )	Yes _____ / No _____	N/A
37. "Organ/Tissue" ( <i>instructions only</i> )	Yes _____ / No _____	N/A
38. "Postponed" ( <i>instructions only</i> )	Yes _____ / No _____	N/A
39-41. "Review"	Yes _____ / No _____	N/A
42. "Pregnancy Limitations"	Yes _____ / No _____	N/A
43. "Beyond Limiting Conditions"	Yes _____ / No _____	N/A
44. ( <i>Information only</i> )	N/A	N/A
45. "Statement" ( <i>information only</i> )	N/A	N/A
46. "Signed"	Yes _____ / No _____	N/A
47-49. "Witnesses" ( <i>two entries</i> )	Yes _____ / No _____	N/A
50-51. ( <i>Information only</i> )	N/A	N/A



**SECTION II: NAMING A HEALTH CARE AGENT**

<b><u>Key Word/Phrase Prompts:</u></b>	<b><u>Completion Status:</u></b>
53. <i>(Introduction only)</i>	N/A
54. <i>(Information only)</i>	N/A
55. Name Entered	Yes ____ / No ____
56. Intent to Appoint	Yes ____ / No ____
57. Appointment Name Entered	Yes ____ / No ____
58. <i>(Instructions only)</i>	N/A
59. First Alternate Named	Yes ____ / No ____
60. Second Alternate Named	Yes ____ / No ____
61. <i>(Instructions only)</i>	N/A
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. <i>(Instructions only)</i>	N/A
70. Agent Authorization Re: Artificial Nutrition/Hydration Decisions	Yes ____ / No ____
71. Agent Authorization 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 ____
75-79. Agent Authority Limitations	Yes ____ / No ____
80. Agent Consult Options Indicated	Yes ____ / No ____
81. Specific Agent Consults Selected	Yes ____ / No ____
82. Activation of Powers	Yes ____ / No ____
83. Document Expires	Yes ____ / No ____

84. <i>(Instructions only)</i>	N/A
85. <i>(Instructions only)</i>	N/A
86. Other Directives Listed	Yes _____ / No _____
87-90. <i>(Instructions only)</i>	N/A
91. Agent Signed Acceptance	Yes _____ / No _____
92. <i>(Instructions only)</i>	N/A
93. First Alternate Signed Acceptance	Yes _____ / No _____
94. Second Alternate Signed Acceptance	Yes _____ / No _____
95. <i>(Instructions only)</i>	N/A
96. Principal Signature	Yes _____ / No _____
97. Signature Assistance	Yes _____ / No _____
98. <i>(Instructions only)</i>	N/A
99-100. Both Witnesses Signed	Yes _____ / No _____
101. Required Witness Eligibility Signatures	Yes _____ / No _____
102-103. Signature	Yes _____ / No _____
104-105. <i>(Instructions only)</i>	N/A
106. Advocate Required/Signed	Yes _____ / No _____
107. Notarization	Yes _____ / No _____
108. <i>(Instructions only)</i>	N/A
109. Copies Locations Completed	Yes _____ / No _____
SECTION II COMPLETION RATING:	_____ of 31 Entries.

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

REVIEWED BY:

DATE: