



**UTAH  
REPRESENTATIVE ADVANCE DIRECTIVE  
CHECKLIST AND SCORING**

<b>REPRESENTATIVE DECLARATION</b>		
<b><u>Key Word/Phrase Prompts:</u></b>	<b><u>Completion Status / Potential Score Values:</u></b>	<b><u>Score:</u></b>
1. <i>(Introduction only)</i>	N/A	N/A
2. Name Entered <i>(person being represented)</i>	Yes ____ / No ____	N/A
3. Primary Decision Maker Named	Yes ____ / No ____	N/A
4. Alternate(s) Named	Yes ____ / No ____	N/A
5. Potential Rep's Signed to Defer Role	Yes ____ / No ____	N/A
6. Participation Deferral	Yes ____ / No ____	N/A
7-9. <i>(Instructions only)</i>	N/A	N/A
10. "Current" <i>(evaluate case-by-case)</i>	N/A	N/A
11. "Terminal"	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. ( <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" ( <i>instructions only</i> )	Yes ____ / No ____	N/A
33. "Organ/Tissue" ( <i>instructions only</i> )	Yes ____ / No ____	N/A
34. "Postponed" ( <i>instructions only</i> )	Yes ____ / No ____	N/A
35. "Pregnancy" (statement only)	N/A	N/A
36. "Statement" ( <i>information only</i> )	N/A	N/A
37. "Primary Representative Signed"	Yes ____ / No ____	N/A
38. Other "Immediate Family Signatures"	Yes ____ / No ____	N/A
39. Family "Not Approached"	# _____	N/A
40. Family "Signing in Dissent"	# _____	N/A
	TOTAL SCORE	_____
TOTAL SCORE INTERPRETATION:	Values/ Risk of burdensome treatment	
Upper 25 Percent:	1293-1324 ( <i>low risk</i> )	
50 <sup>th</sup> - 75 <sup>th</sup> Percentile:	1196-1292 ( <i>moderate risk</i> )	
25 - 49 <sup>th</sup> Percentile	1074-1195 ( <i>high risk</i> )	
15 <sup>th</sup> - 24 <sup>th</sup> Percentile	930-1073 ( <i>extreme risk</i> )	
Lower 15 Percent	356-929 ( <i>graphic risk</i> )	
COMPLETION RATING:	_____ of 30 Entry Categories.	

**DIRECTIVE TO PHYSICIANS** (*post diagnosis of qualifying injury, disease or illness*)

41. Physician Certification

Yes \_\_\_\_\_ / No \_\_\_\_\_

42. Treatment Plan Completed

Yes \_\_\_\_\_ / No \_\_\_\_\_

4. Physician Signature

Yes \_\_\_\_\_ / No \_\_\_\_\_

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

REVIEWED BY:

DATE: