

The ADL Project

An Advanced Directive based on the "Activities of Daily Living"

	2 points = independent 1 point = needs help 0 points = totally dependent	Current	Future
1.	BATHING: to wash oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub/shower. (2 points) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity. (1 point) Need help with bathing more than one part of the body, getting in or out of the tub or shower. (0 point) Requires total bathing		
2.	DRESSING: putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs. (2 points) Gets clothes from closets and puts on clothes and outer garments complete with fasteners. May have help tying shoes. (1 point) Needs help with dressing self (0 point) needs to be completely dressed.		
3.	TOILETING: getting to and from the toilet. Getting on and of the toilet and performing associated personal hygiene. (2 points) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help. (1 point) Needs help transferring to the toilet, cleaning self (0 point) uses bedpan or commode.		
4.	TRANSFERRING: moving into or out of a bed, chair/wheelchair. (2 points) Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable. (1 point) Needs help in moving from bed to chair (0 point) requires a complete transfer		
5.	CONTINENCE: the ability to maintain control of bowel and bladder function; or, when unable to maintain control, the ability to perform associated personal hygiene (including caring for a catheter or colostomy bag.) (2 points) Exercises complete self-control over urination and defecation. (1 points) Is partially incontinent of bowel or bladder (0 point) Totally incontinent of bladder and/or bowels		
6.	EATING: feeding oneself by getting food into the body from a table, a plate, cup or other receptable or by a feeding tube or IV. (2 points) Gets food from plate into mouth without help. Preparation of food may be done by another person. (1 point) Needs partial or total help with feeding (0 point) requires parenteral feeding		
	**Total Measurement		

Current = My current functional abilities

Future = I feel this level of functional ability may affect my Quality of Life

Scores of 6 or less indicate my desire for Total Palliative/End-of-Life Care

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My Advanced Directive based on the Activities of Daily Living (continued)

	"INTERMEDIATE" ACTIVITIES OF DAILY LIVING. They are not counted in any statistical data. They are functional abilities that effect my decisions regarding a decline in my Quality of Living. Please consider the need for caregiver support or Total Palliative/End-of-Life care when total "NO" (unable to perform completely) greater than "YES" 4-5 out of 7	Current	Future
1.	<ul style="list-style-type: none"> Using the telephone: being able to dial numbers, look up numbers, etc. 		
2.	<ul style="list-style-type: none"> Managing medications: taking the appropriate medications and correct dosages on time 		
3.	<ul style="list-style-type: none"> Preparing meals: making appropriate food choices/preparing meals safely 		
4.	<ul style="list-style-type: none"> Maintaining the home: doing or arranging for housekeeping and laundry 		
5.	<ul style="list-style-type: none"> Managing finances: budgeting, paying mortgage/rent and bills on time, etc. 		
6.	<ul style="list-style-type: none"> Shopping: being able to shop for groceries and other small necessities, and transport purchases from store to home 		
7.	<ul style="list-style-type: none"> Using transportation: being able to drive or use public transportation for appointments, shopping, etc. 		
•	**Total Measurement		

I, _____, acknowledge full understanding of the Activities of Daily Living and the Intermediate Activities of Daily Living and have completed page 1 and 2 of My ADL Advanced Directive.

By signing below, I request that my individual rights regarding Total Palliative/End-of-Life Care be respected. This is my lawful right in making my individual decisions regarding quality of life. The intent of this document is to protect my personal rights regardless of views from family member, friends, and health care professionals. In the event that I become cognitively incapable of making my own decisions, this document supersedes the views of any family member, friend, or other advance directive, and/or health care professional.

 (print) Signature Date Full Name

The ADL Project Advanced Directive (continued)

STATEMENT OF WITNESSES:

I declare the following under penalty of perjury under the laws of California.

- (1) that the individual who signed or acknowledged this ADL advance health care directive is personally known to me or that the individual's identity was proven to me by convincing evidence
- (2) that the individual signed or acknowledged this advance directive in my presence,
- (3) that the individual appears to be of sound mind and under no duress, fraud, or undue influence,
- (4) that I am not a person appointed as agent by this advance directive
- (5) that I am not the individual's health care provider, an employee of the individual's health care provider,
- (6) that I am not the operator of a community care facility or an employee of an operator of a residential care facility for the elderly.

1 _____ Full Name
 (print) _____ Signature _____ Date _____
 _____ Address
 Phone _____

2 _____ Full Name
 (print) _____ Signature _____ Date _____
 _____ Address
 Phone _____

ADDITIONAL STATEMENT OF WITNESSES:

At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.

_____ Full Name (print) _____ Signature _____ Date _____
 _____ Address _____ Phone _____

The ADL Project Advanced Directive

Directions for completing

Both CURRENT and FUTURE columns to be completed at this time.
Each column will have its own separate **Total Measurement.

1. **first column (current)** - my ability to complete an activity today
2. **second column (future)** - my functional ability to complete this activity is only tolerate at this level. A lower level will affect my decisions regarding Quality of Living and Total Palliative/End-of-Life care may be the appropriate priority.

There are two groups of daily living activities:

The activities of daily living

basic, routine tasks, such as bathing, dressing, eating and using the toilet, which most people are able to perform on a daily basis without assistance.

Page 1.

First (current) column: Mark 2, 1, or 0 to indicate your current level of ability.

Second (future) column: Mark 2, 1, or 0 as the final level of activity you will tolerate.

**Total Measurement = less than '6" indicates your desire for Total Palliative Care.

Intermediate activities of daily living

more complex tasks that require a certain amount of physical dexterity, sound judgment and organizational skills. A person's ability (or inability) to adequately perform these activities is usually reflects your ability to live safely and independently.

Page 2:

First (current) column: Mark "yes" or "no" indicating your current ability.

Second (future) column: Mark "yes" or "no" to show the final inability you will tolerate.

**Total Measurement = more than 4 or 5 "NOs" indicate your need for caregiver support or desire for Total Palliative/End-of-Life care.