

# CAPACITY/INFORMED CHOICE CHECKLIST

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

With regard to the general issue of: \_\_\_\_\_,  
\_\_ provided history \_\_ observation \_\_ interview \_\_ testing indicate a demonstrated ability to:

- |   |   |   |
|---|---|---|
| 1. relate basic information                                   | Y | N |
| 2. agree <u>and</u> disagree (to say "No")                    | Y | N |
| 3. identify risks/benefits of each alternative of a choice    | Y | N |
| 4. respond appropriately to "What if ....?" questions         | Y | N |
| 5. scrutinize/question before making a choice                 | Y | N |
| 6. adjust thinking given new information                      | Y | N |
| 7. recall new information after a delay                       | Y | N |
| 8. initiate action  | Y | N |
| 9. identify steps necessary to achieve a goal                 | Y | N |
| 10. remember to follow through after a delay                  | Y | N |
| 11. express awareness of own strengths <u>and</u> limitations | Y | N |
| 12. seek assistance with areas of limitation                  | Y | N |

Any Related Diagnosis: \_\_\_\_\_

Based on this information, it is my opinion that the above named individual possesses  
\_\_ inadequate \_\_ limited \_\_ unrestricted capacity to make choices/decisions regarding the  
identified general issue.

\_\_\_\_\_  
date

\_\_\_\_\_  
Evaluator/Title

With regard to choice re the following procedure/activity: \_\_\_\_\_,  
the above named individual demonstrates a reasonable understanding of the:

- |   |   |   |
|---|---|---|
| 1. nature of the procedure/activity                                   | Y | N |
| 2. responsibility for participation (if agrees to procedure/activity) | Y | N |
| 3. identification and responsibility of all other participants        | Y | N |
| 4. intended outcomes (benefits)                                       | Y | N |
| 5. potential downside (risks)   | Y | N |
| 6. risks/benefits of no procedure/activity                            | Y | N |
| 7. alternative(s) to the procedure/activity                           | Y | N |
| 8. risks/benefits of the alternative(s)                               | Y | N |
| 9. option to request further assistance and/or info                   | Y | N |
| 10. option to agree or disagree (without reprisal)                    | Y | N |
| 11. time limited nature of any agreement                              | Y | N |
| 12. option to withdraw agreement at later time (without reprisal)     | Y | N |

Based on this information, it is my opinion that the above named individual \_\_ is \_\_ is not in  
a position to make an informed choice re the identified procedure/activity.

\_\_\_\_\_

\_\_\_\_\_

date

Evaluator/Title