

PSAS Level	MOBILITY	ACTIVITY LEVEL & EVIDENCE OF DISEASE	SELF-CARE	INTAKE	CONSCIOUS LEVEL
PSAS 100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
PSAS 90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
PSAS 80%	Full	Normal activity & work <i>with effort</i> Some evidence of disease	Full	Normal or reduced	Full
PSAS 70%	Reduced	Unable normal activity & work Significant disease	Full	Normal or reduced	Full
PSAS 60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance	Normal or reduced	Full or confusion
PSAS 50%	Mainly sit/lie	Unable to do any work Extensive disease	Considerable assistance	Normal or reduced	Full or drowsy or confusion
PSAS 40%	Mainly in bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or drowsy +/- confusion
PSAS 30%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Reduced	Full or drowsy +/- confusion
PSAS 20%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Minimal sips	Full or drowsy +/- confusion
PSAS 10%	Totally bed bound	Unable to do any activity Extensive disease	Total care	Mouth care only	Drowsy or coma
PSAS 0%	Dead	-	-	-	-

INSTRUCTIONS:

A) Each PSAS level is explained by reading across the rows from left to right.

B) After reviewing PSAS levels, move to the green columns under the title “Personal Preferences”.

C) Each green “Personal Preference” column identifies medical decisions that you may choose in advance to have activated when you reach a certain PSAS level*:

DNR = *Do Not Resuscitate order (no CPR, electrical shocks, breathing tubes)*

No AN = *No artificial nutrition (example: feeding tubes)*

No IVH = No IVs for artificial hydration

Other = Any medical treatment(s) that you may elect not to have (blood transfusions, dialysis, hospitalization for anything other than comfort care, etc.). Details of the "Other" category must be listed in the space provided beneath the columns.

D) For each medical decision that you wish to make in advance for yourself, place an “X” in each column (example, DNR) in the row matching the PSAS level of your choice (example, PSAS level 30%).

E) Sign and date this document. Place it in your living will. Give a copy to your health care provider, your surrogate medical decision maker and any family or friends whom you wish to have a copy. Take a copy with you whenever you go to see a doctor. You may write ***“VOID”*** on this document at any time, destroy it and create an updated version. Updated versions should be shared with your health care provider, your surrogate medical decision maker, and any family or friends who have a previous copy.

*** You must be fully conscious in order to make decisions for yourself in advance**

Sign your name: _____ Date: _____

Witness/Notary: _____ Date: _____

[illegible]