

Aid to Capacity Evaluation Form

Name of Patient: _____

Record observations which support your score in each domain, including exact responses of the patient. Indicate your score for each domain with a checkmark.

1. ABLE TO UNDERSTAND MEDICAL PROBLEM

Observations: _____	YES	<input type="checkbox"/>
_____	UNSURE	<input type="checkbox"/>
_____	NO	<input type="checkbox"/>

2. ABLE TO UNDERSTAND PROPOSED TREATMENT

Observations: _____	YES	<input type="checkbox"/>
_____	UNSURE	<input type="checkbox"/>
_____	NO	<input type="checkbox"/>

3. ABLE TO UNDERSTAND ALTERNATIVE TO PROPOSED TREATMENT *(if any)*

Observations: _____	YES	<input type="checkbox"/>
_____	UNSURE	<input type="checkbox"/>
_____	NO	<input type="checkbox"/>
_____	NONE DISCLOSED	<input type="checkbox"/>

4. ABLE TO UNDERSTAND OPTION OF REFUSING PROPOSED TREATMENT *(including withholding or withdrawing proposed treatment)*

Observations: _____	YES	<input type="checkbox"/>
_____	UNSURE	<input type="checkbox"/>
_____	NO	<input type="checkbox"/>

5. ABLE TO APPRECIATE REASONABLY FORESEEABLE CONSEQUENCES OF ACCEPTING PROPOSED TREATMENT

Observations: _____	YES	<input type="checkbox"/>
_____	UNSURE	<input type="checkbox"/>
_____	NO	<input type="checkbox"/>

6. ABLE TO APPRECIATE REASONABLY FORESEEABLE CONSEQUENCES OF REFUSING PROPOSED TREATMENT (including withholding or withdrawing proposed treatment)

Observations: _____ YES
_____ UNSURE
_____ NO

Note: for questions 7a/7b, a "YES" answer means the person's decision is affected by depression or psychosis.

7a. THE PERSON'S DECISION IS AFFECTED BY DEPRESSION

Observations: _____ YES
_____ UNSURE
_____ NO

7b. THE PERSON'S DECISION IS AFFECTED BY DELUSION/PSYCHOSIS

Observations: _____ YES
_____ UNSURE
_____ NO

OVERALL IMPRESSION

DEFINITELY CAPABLE	<input type="checkbox"/>
PROBABLY CAPABLE	<input type="checkbox"/>
PROBABLY INCAPABLE	<input type="checkbox"/>
DEFINITELY INCAPABLE	<input type="checkbox"/>

COMMENTS:

(for example; need for psychiatric assessment, further disclosure and discussion with patient, or consultation with family)

The initial ACE assessment is the first step in the capacity assessment process. If the ACE is definitely or probably incapable, considerable treatable or reversible causes of incapacity (e.g. drug toxicity). Repeat the capacity assessment once these factors have been addressed. If the ACE result is probably incapable or probably capable, then take further steps to clarify the situation. For example, if you are unsure about the person's ability to understand the proposed treatment, then a further interview which specifically focuses on

this area would be helpful. Similarly, consultation with family, cultural, and religious figure and/or a psychiatrist, may clarify some areas of uncertainty.

Never base a finding of incapacity solely on your interpretation of domain 7a and 7b. Even if you are sure that the decision is based on a delusion or depression, we suggest that you always get an independent assessment.

Time taken to administer ACE: _____ **minutes**

Date: Day: _____ **Month:** _____ **Year:** _____ **Hour:** _____

Assessor: _____