Activities of Daily Living Scale

Patient Name:
Date Completed:
Name & relationship of person completing form:
For each area of functioning listed below check description that applies. (The word assistance means supervision, direction or personal assistance)
A. BATHING - either sponge bath, tub, or shower [] Receives no assistance [] Receives assistance w/only 1 body part [] Receives assistance w/more than 1 body part
B. DRESSING - gets clothes from closet and drawers including under-clothes [] Gets clothes & gets completely dressed independently [] Gets clothes & gets dressed except for shoes/socks [] Receives assistance on choosing clothes or getting dressed
C. TOILETING-going to the toilet room for bowel and bladder elimination [] Independent with toileting [] Receives assistance with getting to toilet and/or cleaning self [] Uses bedpan
D. TRANSFERING-in and out of bed and to chair [] Transfers without assistance (may use assistive device such as cane, walker) [] Transfers with assistance [] Unable to assist with transfer /Bedbound
E. CONTINENCE [] Continent of Bowel & Bladder [] Has occasional "accidents" [] Incontinent, briefs or catheter used
F. FEEDING [] Feeds self without assistance [] Feeds self except for cutting meat or buttering bread [] Receives assistance in feeding, or hand fed, tube, IV

Instrumental Activities of Daily Living Scale

For each area of functioning listed below check description that applies. (The word assistance means supervision, direction or personal assistance.)

A. ABILITY TO USE TELEPHONE [] Operates telephone on own initiative [] Dials a few well known numbers [] Answers telephone but does not dial [] Does not use telephone at all
B. SHOPPING [] Takes care of all shopping needs [] Shops independently for small purchases [] Needs to be accompanied on shopping trips [] Completely unable to shop
C. FOOD PREPARATION [] Prepares and serves adequate meals [] Prepares adequate meals if supplied w/ingredients [] Prepares meals but does not maintain adequate diet [] Needs to have meals prepared & served
D. HOUSEKEEPING [] Maintains house alone or w/occasional assistance [] Performs light daily tasks adequately [] Performs light daily tasks but not adequately [] Needs help w/all home maintenance tasks [] Does not participate an any housekeeping tasks
E. LAUNDRY [] Does personal laundry completely [] Launders only small items [] All laundry must be done by others
F. MODE OF TRANSPORTATION [] Travels independently on public transit or car [] Arranges own travel via taxi (dial-a-ride) [] Travel limited to taxi or auto with assistance [] Does not travel at all
G. MEDICATION MANAGEMENT [] Manages medications independently [] Manages medications if prepared in advance by other (e.g., someone prepares pillbox) [] Is not capable of dispensing/remembering to take own medications
H. FINANCIAL MANAGEMENT [] Manages all finances independently [] Manages daily purchases, needs assistance with major purchases [] Incapable of managing finances