

Independent Activities of Daily Living Score Sheet (IADLs)

Name _____

Date _____

In each category, circle the item that most closely describes the person's highest level of functioning and record the score assigned to that level in the blank at the beginning of the category.

1. Ability to use the Telephone _____

- a. Uses telephone independently-----4
- b. Dials a few well known numbers-----3
- c. Answers telephone but does not dial-----2
- d. Unable to use the telephone-----1

2. Shopping _____

- a. Shops independently-----4
- b. Shops independently for small purchases-----3
- c. Needs to be accompanied when shopping-----2
- d. Unable to shop-----1

3. Food Preparation _____

- a. Independently plans, prepares and serves adequate meals-----4
- b. Prepares meals if supplied with ingredients-----3
- c. Heats & serves meals but diet is inadequate-----2
- d. Needs to have meals prepared and served-----1

4. Housekeeping _____

- a. Maintains home independently-----4
- b. Able to do light daily tasks eg: bedmaking, washing dishes-----3
- c. Does light tasks but level of cleanliness is inadequate-----2
- d. Unable to maintain home-----1

5. Laundry _____

- a. Does laundry independently-----3
- b. Launders small items-----2
- c. Unable to do laundry-----1

6. Mode of Transportation _____

- a. Travels independently-----5
- b. Arranges own travel eg. Taxi-----4
- c. Uses public transportation with assistance-----3
- d. Accompanied when traveling-----2
- e. Unable to travel-----1

7. Responsibility for own medications _____

- a. Independently takes medications correctly----- 3
- b. Takes medications independently if set up for them----- 2
- c. Unable to take medications independently-----1

8. Handling finances _____

- a. Handles finances independently----- 3
- b. Manages day to day purchases but needs help with banking and major purchases-----2
- c. Unable to handle finances-----1

Total Score _____ Previous Score _____

Scores: **Independent**-----30
Some level of Supervision required-----24
Some level of assistance required-----18
Moderate level of assist-----12
Total assistance required-----8

Activities of Daily Living Score Sheet

Name _____

Date _____

In each category, circle the item that most closely describes the person's highest level of functioning and record the score assigned to that level in the blank at the beginning of the category.

1. Toilet _____

- a. Completely independent, no incontinence-----5
- b. Needs reminding, or needs help cleaning self or has rare accidents----4
- c. Soiling or wetting while asleep more than once a week-----3
- d. Soiling or wetting while awake more than once a week-----2
- e. No control of bowel or bladder-----1

2. Feeding _____

- a. Eats without assistance-----5
- b. Eats with minor assistance at meal times &/or with special preparation of food or help cleaning up after meals-----4
- c. Feeds self with moderate assistance and is untidy-----3
- d. Requires extensive assistance for all meals-----2
- e. Does not feed self at all and resists efforts of other to feed him or her---1

3. Dressing _____

- a. Dresses, undresses, and selects clothes from own wardrobe-----5
- b. Dresses, undresses self, with minor assistance-----4
- c. Needs moderate assistance in dressing and selection of clothes-----3
- d. Needs major assistance in dressing, but cooperates with efforts of others to help-----2
- e. Completely unable to dress self and resists efforts of others to help-----1

4. Grooming _____ (Neatness, hair, nails, hands, face, clothing)

- a. Always neatly dressed, well-groomed without assistance----- 5
- b. Grooms self adequately with occasional minor assistance, eg shaving--- 4
- c. Needs moderate and regular assistance or supervision with grooming---3
- d. Needs total grooming care, but can remain well-groomed after help from others-----2
- e. Actively negates all efforts of other to maintain grooming-----1

5. Physical Ambulation _____

- f. Walks independently without problem-----5
- g. Ambulates independently in home and up to 1 block-----4
- h. Ambulates with assistive device eg: cane, walker, wheelchair-----3
- i. Sits in wheelchair but cannot propel independently-----2
- j. Bedridden more than half the time-----1

6. Bathing _____

- a. Bathes independently-----5
- b. Bathes with some assist eg: getting in and out of tub-----4
- c. Washes face and hands but needs help with the rest-----3
- d. Assistance is required with bathing but is cooperative-----2
- e. Unable to bathe self and is resistive to assistance-----1

Total Score _____ Previous Score _____

Scores: **Independent-----30**
Some level of Supervision required-----24
Some level of assistance required-----18
Moderate assistance-----12
Total assistance required----- 5