

**GERIATRIC ASSESSMENT CENTER  
SCALE FOR INSTRUMENTAL  
ACTIVITIES OF DAILY LIVING**

Visit: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>  
(Circle one)

Patient Identification (Stamp)

Name \_\_\_\_\_  
Reg. No. \_\_\_\_\_  
Location \_\_\_\_\_  
Date \_\_\_\_\_

**Instructions:** Write in the appropriate value number on the score lines provided to the right of the responses. Add the value numbers to obtain total score.

- |   | <u>Value No.</u> |
|---|------------------|
| 1. ABILITY TO USE TELEPHONE   |                  |
| 3 Operates telephone on own initiative; looks up and dials numbers, etc.  |                  |
| 2 Dials a few well known numbers  |                  |
| 1 Answers telephone but does not dial   |                  |
| 0 Does not use telephone at all   | _____            |
| 2. SHOPPING   |                  |
| 3 Takes care of all shopping needs independently  |                  |
| 2 Shops independently for small purchases   |                  |
| 1 Needs to be accompanied on any shopping trip  |                  |
| 0 Needs to have meals prepared and served   | _____            |
| 3. FOOD PREPARATION   |                  |
| 3 Plans, prepares and serves adequate meals independently   |                  |
| 2 Prepares adequate meals if supplied with ingredients  |                  |
| 1 Heats and serves prepared meals, or prepares meals but does not maintain adequate diet  |                  |
| 0 Needs to have meals prepared and served   | _____            |
| 4. HOUSEKEEPING   |                  |
| 4 Maintains house alone or with occasional assistance (e.g., heavy-work domestic help)  |                  |
| 3 Performs light daily tasks such as dish-washing and bed-making  |                  |
| 2 Performs light daily tasks but cannot maintain acceptable level of cleanliness  |                  |
| 1 Needs help with all home maintenance tasks  |                  |
| 0 Does not participate in any housekeeping tasks  | _____            |
| 5. LAUNDRY  |                  |
| 2 Does personal laundry completely  |                  |
| 1 Launders small items; rinses socks, stockings, etc.   |                  |
| 0 All laundry must be done by others  | _____            |
| 6. MODE OF TRANSPORTATION   |                  |
| 4 Travels independently on public transportation or drives own car  |                  |
| 3 Arranges own travel via taxi, but does not otherwise use public transportation  |                  |
| 2 Travels on public transportation when assisted or accompanied by another  |                  |
| 1 Travel limited to taxi or automobile, with assistance of another  |                  |
| 0 Does not travel at all  | _____            |
| 7. RESPONSIBILITY FOR OWN MEDICATION  |                  |
| 2 Is responsible for taking medication in correct dosages at correct time   |                  |
| 1 Takes responsibility if medication is prepared in advance in separate dosages   |                  |
| 0 Is not capable of dispensing own medication   | _____            |
| 8. ABILITY TO HANDLE FINANCES   |                  |
| 2 Manages financial matters independently (budgets, write checks, pays rent and bills, goes to Bank) collects and keeps track of income |                  |
| 1 Manages day-to-day purchases, but needs help with banking, major purchases, etc.  |                  |
| 0 Incapable of handling money   | _____            |

TOTAL SCORE \_\_\_\_\_

1<sup>st</sup> Check \_\_\_\_\_

2<sup>nd</sup> Check \_\_\_\_\_

\_\_\_\_\_  
Interviewer Signature