

# Annual Wellness Visit - Activities of Daily Living Sample Forms



Patient Name: \_\_\_\_\_ Patient ID#: \_\_\_\_\_ Date: \_\_\_\_\_

## Katz Index of Independence in Activities of Daily Living

<b>Activities</b> Points (1 or 0)	<b>Independence</b> (1 point)  <b>NO</b> supervision, direction or personal assistance	<b>Dependence</b> (0 points)  <b>WITH</b> supervision, direction, personal assistance or total care.
<b>BATHING</b>  Points: ____	<b>(1 POINT)</b> Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disables extremity.	<b>(0 POINTS)</b> Needs help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing.
<b>DRESSING</b>  Points: ____	<b>(1 POINT)</b> Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	<b>(0 POINTS)</b> Needs help with dressing self or needs to be completely dressed.
<b>TOILETING</b>  Points: ____	<b>(1 POINT)</b> Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.	<b>(0 POINTS)</b> Needs help transferring to the toilet, cleaning self or uses bedpan or commode.
<b>TRANSFERRING</b>  Points: ____	<b>(1 POINT)</b> Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable	<b>(0 POINTS)</b> Needs help in moving from bed to chair or requires a complete transfer.
<b>CONTINENCE</b>  Points: ____	<b>(1 POINT)</b> Exercises complete self control over urination and defecation.	<b>(0 POINTS)</b> Is partially or totally incontinent of bowel or bladder.
<b>FEEDING</b>  Points: ____	<b>(1 POINT)</b> Gets food from plate into mouth without help. Preparation of food may be done by another person.	<b>(0 POINTS)</b> Needs partial or total help with feeding or requires parenteral feeding.

**TOTAL POINTS:** \_\_\_\_\_ **SCORING:** 6 = High (patient independent) 0 = Low (patient very dependant)

For more information visit: <https://consultgeri.org/try-this/general-assessment/issue-2.pdf>



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Patient Name: \_\_\_\_\_ Patient ID#: \_\_\_\_\_ Date: \_\_\_\_\_

## Lawton – Brody

### Instrumental Activities of Daily Living Scale (I.A.D.L.)

Scoring: For each category, circle the item description that most closely resembles the client’s highest functional level (either 0 or 1).

<b>A. Ability to Use Telephone</b>	
1. Operates telephone on own initiative-looks up and dials numbers, etc.	1
2. Dials a few well-known numbers	1
3. Answers telephone but does not dial	1
4. Does not use telephone at all	0
<b>B. Shopping</b>	
1. Takes care of all shopping needs independently	1
2. Shops independently for small purchases	0
3. Needs to be accompanied on any shopping trip	0
4. Completely unable to shop	0
<b>C. Food Preparation</b>	
1. Plans, prepares and serves adequate meals independently	1
2. Prepares adequate meals if supplied with ingredients	0
3. Heats, serves and prepares meals, or prepares meals, or prepares meals but does not maintain adequate diet	0
4. Needs to have meals prepared and served	0
<b>D. Housekeeping</b>	
1. Maintains house alone or with occasional assistance (e.g. "heavy work domestic help")	1
2. Performs light daily tasks such as dish washing, bed making	1
3. Performs light daily tasks but cannot maintain acceptable level of cleanliness	1
4. Needs help with all home maintenance tasks	1
5. Does not participate in any housekeeping tasks	0

<b>E. Laundry</b>	
1. Does personal laundry completely	1
2. Launders small items-rinses stockings, etc	1
3. All laundry must be done by others	0
<b>F. Mode of Transportation</b>	
1. Travels independently on public transportation or drives own car	1
2. Arranges own travel via taxi, but does not otherwise use public transportation	1
3. Travels on public transportation when accompanied by another	1
4. Travel limited to taxi or automobile with assistance of another	0
5. Does not travel at all	0
<b>G. Responsibility for Own Medications</b>	
1. Is responsible for taking medication in correct dosages at correct time	1
2. Takes responsibility if medication is prepared in advance in separate dosage	0
3. Is not capable of dispensing own medication	0
<b>H. Ability to Handle Finances</b>	
1. Manages financial matters independently (budgets, writes checks, pays rent, bills, goes to bank), collects and keeps track of income	1
2. Manages day-to-day purchases, but needs help with banking, major purchases, etc.	1
3. Incapable of handling money	0

Score: \_\_\_\_\_

Score: \_\_\_\_\_

A summary score ranges from 0 (low function, dependent) to 8 (high function, independent) for women and 0 through 5 for men to avoid potential gender bias.

Total score \_\_\_\_\_

For more information visit: <https://consultgeri.org/try-this/general-assessment/issue-23>

