**KATZ ACTIVITIES OF DAILY LIVING**

Pick one item from each row of activity that best describes the patient’s activity level.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** |  **Independent (1 Point)**No Supervision, directionor personal assistance |  |  **Dependent (0 Points)**Requires supervision, direction,personal assist or total care |
| **Bathing** | * Bathes self completely or needs help in bathing a single part of the body such as the back, genital area or disabled extremity.
 | **or** | * Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing
 |
| **Dressing** | * Get clothes from closets & drawers & puts on clothes & outer garments complete with fasteners. May need help tying shoes.
 | **or** | * Needs help with dressing self or needs to be completely dressed.
 |
| **Toileting** | * Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.
 | **or** | * Needs help transferring to the toilet, cleaning self or uses bedpan or commode.
 |
| **Transferring** | * Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable
 | **or** | * Needs help in moving from bed to chair or requires a complete transfer
 |
| **Continence** | * Exercises complete self-control over bowel/bladder
 | **or** | * Is partially or totally incontinent of bowel or bladder
 |
| **Feeding** | * Gets food from plate into mouth without help. Preparation of food may be done by another person.
 | **or** | * Needs partial or total help with feeding or requires parenteral feeding.
 |
| **TOTAL POINTS: \_\_\_\_\_\_\_\_** SCORING: 6 = High (patient independent) 0 = Low (patient very dependent) |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LAWTON BRODY INDEPENDENT ACTIVITIES OF DAILY LIVING**

Select the highest level of functioning for each section on the list.

|  |  |
| --- | --- |
| **Telephone*** Operates telephone on own initiative; looks up & dials numbers (1)
* Dials a few well-known numbers (1)
* Answers telephone but does not dial (1)
* Does not use telephone at all (0)
 | **Laundry*** Does personal laundry completely (1)
* Launders small items, e.g., rinses stockings, etc. (1)
* All laundry must be done by others (0)
 |
| **Shopping*** Takes care of all shopping needs independently (1)
* Shops independently for small purchases (0)
* Needs to be accompanied on any shopping trip (0)
* Completely unable to shop (0)
 | **Mode of Transportation** * Travels independently on public transportation or drives own car (1)
* Arranges own travel via taxi, but does not otherwise use public transportation (1)
* Travels on public transportation when accompanied by another (1)
* Travel limited to taxi or automobile with assistance of another (0)
* Does not travel at all (0)
 |
| **Food Preparation*** Plans, prepares and serves adequate meals independently. (1)
* Prepares adequate meals if supplied with ingredients (0)
* Heats, serves and prepares meals, or prepares meals, or prepares meals but does not maintain adequate diet (0)
* Needs to have meals prepared and served (0)
 | **Responsibility for own Medication** * Is responsible for taking medication in correct dosages at correct time (1)
* Takes responsibility if medication is prepared in advance in separate dosage (0)
* Is not capable of dispensing own medication (0)
 |
| **Housekeeping*** Maintains house alone or with occasional assistance (e.g. "heavy work domestic help") (1)
* Performs light daily tasks such as dishwashing, bed making (1)
* Performs light daily tasks but cannot maintain acceptable level of cleanliness (1)
* Needs help with all home maintenance tasks (1)
* Does not participate in any housekeeping tasks (0)
 | **Ability to Handle Finances*** Manages financial matters independently (budgets, writes checks, pays rent, bills, goes to bank), collects and keeps track of income (1)
* Manages day-to-day purchases, but needs help with banking, major purchases, etc. (1)
* Incapable of handling money (0)
 |
| **Total Score: \_\_\_\_\_/8** for women **\_\_\_\_\_/5** for men Correction for gender differences  | Add points (in parentheses) for checked boxes to arrive at total score |

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_