

PHYSICAL SELF-MAINTENANCE SCALE (ACTIVITIES OF DAILY LIVING)

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 (either 1 or 0) in the blank at the boxes at the end of each category.

A. Toilet		
1.	Care for self at toilet completely; no incontinence	
2.	Needs to be reminded, or needs help in cleaning self, or has rare (weekly at most) accidents	
3.	Soiling or wetting while asleep more than once a week	
4.	Soiling or wetting while awake more than once a week	
5.	No control of bowels or bladder	
B. Feeding		
1.	Eats without assistance	
2.	Eats with minor assistance at meal times and/or with special preparation of food, or help in cleaning up after meals	
3.	Feeds self with moderate assistance and is untidy	
4.	Requires extensive assistance for all meals	
5.	Does not feed self at all and resists efforts of others to feed him or her	
C. Dressing		
1.	Dresses, undresses, and selects clothes from own wardrobe	
2.	Dresses and undresses self, with minor assistance	
3.	Needs moderate assistance in dressing and selection of clothes.	
4.	Needs major assistance in dressing, but cooperates with efforts of others to help	
5.	Completely unable to dress self and resists efforts of others to help	
D. Grooming (neatness, hair, nails, hands, face, clothing)		
1.	Always neatly dressed, well-groomed, without assistance	
2.	Grooms self adequately with occasional minor assistance, eg, with shaving	
3.	Needs moderate and regular assistance or supervision with grooming	
4.	Needs total grooming care, but can remain well-groomed after help from others	
5.	Actively negates all efforts of others to maintain grooming	
E. Physical Ambulation		
1.	Goes about grounds or city	
2.	Ambulates within residence on or about one block distant	
3.	Ambulates with assistance of (check one)	
	a () another person, b () railing, c () cane, d () walker, e () wheelchair	
	1. Gets in and out without help. 2. Needs help getting in and out	
4.	Sits unsupported in chair or wheelchair, but cannot propel self without help	
5.	Bedridden more than half the time	
F. Bathing		
1.	Bathes self (tub, shower, sponge bath) without help.	
2.	Bathes self with help getting in and out of tub.	
3.	Washes face and hands only, but cannot bathe rest of body	
4.	Does not wash self, but is cooperative with those who bathe him or her.	
5.	Does not try to wash self and resists efforts to keep him or her clean.	

INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE

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 (either 1 or 0) in the blank at the boxes at the end of each category.

Ability to Use Telephone

1. Operates telephone on own initiative; looks up and dials numbers.
2. Dials a few well-known numbers.
3. Answers telephone, but does not dial.
4. Does not use telephone at all.

Shopping

1. Takes care of all shopping needs independent
2. Shops independently for small purchases.
3. Needs to be accompanied on any shopping trip.
4. Completely unable to shop.

Food Preparation

1. Plans, prepares, and serves adequate meals independently.
2. Prepares adequate meals if supplied with ingredients.
3. Heats & serves prepared or prepares meals, but does not maintain a good diet
4. Needs to have meals prepared and served.

Housekeeping

1. Maintains house alone or with occasional assistance domestic help
2. Performs light daily tasks such as dishwashing, bedmaking.
3. Performs light daily tasks, but cannot maintain acceptable level of cleanliness.
4. Needs help with all home maintenance tasks.
5. Does not participate in any housekeeping tasks.

Laundry

1. Does personal laundry completely.
2. Launders small items; rinses socks, stockings, etc.
3. All laundry must be done by others.

Mode of Transportation

1. Travels independently on public transportation or drives own car.
2. Arranges own travel via taxi, but does not otherwise use public transportation.
3. Travels on public transportation when assisted or accompanied by another.
4. Travel limited to taxi or automobile with assistance of another.
5. Does not travel at all.

Responsibility for Own Medications

1. Is responsible for taking medication in correct dosages at correct time.
2. Takes responsibility if medication is prepared in advance in separate dosages.
3. Is not capable of dispensing own medication.

Ability to Handle Finances

1. Manages financial matters independently (budgets, writes checks, pays rent and bills, goes to bank); collects and keeps track of income.
2. Manages day-to-day purchases, but needs help with banking, major purchases, etc.
3. Incapable of handling money.

Scoring Interpretation: For ADLs, the total score ranges from 0 to 6, and for IADLs, from 0 to 8. In some categories, only the highest level of function receives a 1; in others, two or more levels have scores of 1 because each describes competence that represents some minimal level of function.

These screens are useful for indicating specifically how a person is performing at the present time. When they are also used over time, they serve as documentation of a person's functional improvement or deterioration.

Source: Lawton MP, Brody EM. Assessment of older people: self-maintaining and instrumental activities of daily living. *Gerontologist* 1969, 9:179-186. Copyright by the Gerontological Society of America. Reproduced by permission of the publisher.

GERIATRIC DEPRESSION SCALE

Choose the best answer for how you felt over the past week.

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|-----|--|----------------|
| 1. | Are you basically satisfied with your life? | yes/ no |
| 2. | Have you dropped many of your activities and interests? | yes /no |
| 3. | Do you feel that your life is empty? | yes /no |
| 4. | Do you often get bored? | yes /no |
| 5. | Are you in good spirits most of the time? | yes/ no |
| 6. | Are you afraid that something bad is going to happen to you? | yes /no |
| 7. | Do you feel happy most of the time? | yes/ no |
| 8. | Do you often feel helpless? | yes /no |
| 9. | Do you prefer to stay at home, rather than going out and doing new things? | yes /no |
| 10. | Do you feel you have more problems with memory than most? | yes /no |
| 11. | Do you think it is wonderful to be alive now? | yes/ no |
| 12. | Do you feel pretty worthless the way you are now? | yes /no |
| 13. | Do you feel full of energy? | yes/ no |
| 14. | Do you feel that your situation is hopeless? | yes /no |
| 15. | Do you think that most people are better off than you are? | yes /no |

Score 1 point for each bolded answer. Cut-off: normal (0-5), above 5 suggests depression.

Source: Courtesy of Jerome A. Yesavage, MD. For 30 translations of the GDS, see <http://www.stanford.edu/~yesavage/GDS.html>