**KATZ ACTIVITIES OF DAILY LIVING**

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

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| **Activity** | **Independent (1 Point)**  No Supervision, direction  or 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.

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_