| Patient Name: | Date: |
|---------------|-------|
| Detient ID # | |

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).

| A. Ability to Use Telephone | | E. Laundry | |
|---|---|--|---|
| 1. Operates telephone on own initiative-looks | 1 | 1. Does personal laundry completely | 1 |
| up and dials numbers, etc. | | 2. Launders small items-rinses stockings, etc. | 1 |
| 2. Dials a few well-known numbers | 1 | 3. All laundry must be done by others | 0 |
| 3. Answers telephone but does not dial | 1 | | |
| 4. Does not use telephone at all | 0 | | |
| B. Shopping | | F. Mode of Transportation | |
| 1. Takes care of all shopping needs | 1 | 1. Travels independently on public transportation or | 1 |
| independently | | drives own car | |
| 2. Shops independently for small purchases | 0 | 2. Arranges own travel via taxi, but does not | 1 |
| 3. Needs to be accompanied on any shopping | 0 | otherwise use public transportation | |
| trip | | 3. Travels on public transportation when | 1 |
| 4. Completely unable to shop | 0 | accompanied by another | |
| | | 4. Travel limited to taxi or automobile with | 0 |
| | | assistance of another | |
| | | 5. Does not travel at all | 0 |
| C. Food Preparation | | G. Responsibility for Own Medications | |
| 1. Plans, prepares and serves adequate meals | 1 | 1. Is responsible for taking medication in correct | 1 |
| independently | | dosages at correct time | |
| 2. Prepares adequate meals if supplied with | 0 | 2. Takes responsibility if medication is prepared in | 0 |
| ingredients | | advance in separate dosage | |
| 3. Heats, serves and prepares meals, or | 0 | 3. Is not capable of dispensing own medication | 0 |
| prepares meals, or prepares meals but does | | | |
| not maintain adequate diet | | | |
| 4. Needs to have meals prepared and served | 0 | | |
| D. Housekeeping | | H. Ability to Handle Finances | |
| 1. Maintains house alone or with occasional | 1 | 1. Manages financial matters independently | 1 |
| assistance (e.g. "heavy work domestic help") | | (budgets, writes checks, pays rent, bills, goes to | |
| 2. Performs light daily tasks such as dish | 1 | bank), collects and keeps track of income | |
| washing, bed making | | 2. Manages day-to-day purchases, but needs help | 1 |
| 3. Performs light daily tasks but cannot | 1 | with banking, major purchases, etc. | |
| maintain acceptable level of cleanliness | | 3. Incapable of handling money | 0 |
| 4. Needs help with all home maintenance | 1 | | |
| tasks | | | |
| 5. Does not participate in any housekeeping | 0 | | |
| tasks | | | |
| ~ | | ~ | |
| Score | | Score | |
| 1 | | Total score | 1 |

Source: *try this:* Best Practices in Nursing Care to Older Adults, The Hartford Institute for Geriatric Nursing, New York University, College of Nursing, <u>www.hartfordign.org.</u>

and 0 through 5 for men to avoid potential gender bias.

A summary score ranges from 0 (low function, dependent) to 8 (high function, independent) for women



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The Lawton Instrumental Activities of Daily Living (IADL) Scale

By: Carla Graf, MS, APRN, BC, University of California, San Francisco

WHY: The assessment of functional status is critical when caring for older adults. Normal aging changes, acute illness, worsening chronic illness, and hospitalization can contribute to a decline in the ability to perform tasks necessary to live independently in the community. The information from a functional assessment can provide objective data to assist with targeting individualized rehabilitation needs or to plan for specific in home services such as meal preparation, nursing care, home-maker services, personal care, or continuous supervision. A functional assessment can also assist the clinician to focus on the person's baseline capabilities, facilitating early recognition of changes that may signify a need either for additional resources or for a medical work-up (Gallo, 2006).

BEST TOOL: The Lawton Instrumental Activities of Daily Living Scale (IADL) is an appropriate instrument to assess independent living skills (Lawton & Brody, 1969). These skills are considered more complex than the basic activities of daily living as measured by the Katz Index of ADLs (See *Try this*: Katz Index of ADLs). The instrument is most useful for identifying how a person is functioning at the present time, and to identify improvement or deterioration over time. There are eight domains of function measured with the Lawton IADL scale. Women are scored on all 8 areas of function; historically, for men, the areas of food preparation, housekeeping, laundering are excluded. Clients are scored according to their highest level of functioning in that category. A summary score ranges from 0 (low function, dependent) to 8 (high function, independent) for women, and 0 through 5 for men.

TARGET POPULATION: This instrument is intended to be used among older adults, and can be used in community or hospital settings. The instrument is not useful for institutionalized older adults. It can be used as a baseline assessment tool and to compare baseline function to periodic assessments.

VALIDITY AND RELIABILITY: Few studies have been performed to test the Lawton IADL scale psychometric properties. The Lawton IADL Scale was originally tested concurrently with the Physical Self-Maintenance Scale (PSMS). Reliability was established with twelve subjects interviewed by one interviewer with the second rater present but not participating in the interview process. Inter-rater reliability was established at .85. The validity of the Lawton IADL was tested by determining the correlation of the Lawton IADL with four scales that measured domains of functional status, the Physical Classification (6-point rating of physical health), Mental Status Questionnaire (10-point test of orientation and memory), Behavior and Adjustment rating scales (4-6-point measure of intellectual, person, behavioral and social adjustment), and the PSMS (6-item ADLs). A total of 180 research subjects participated in the study, however, few received all five evaluations. All correlations were significant at the .01 or .05 level. To avoid potential gender bias at the time the instrument was developed, specific items were omitted for men. This assessment instrument is widely used both in research and in clinical practice.

STRENGTHS AND LIMITATIONS: The Lawton IADL is an easy to administer assessment instrument that provides self-reported information about functional skills necessary to live in the community. Administration time is 10-15 minutes. Specific deficits identified can assist nurses and other disciplines in planning for safe discharge.

Limitations of the instrument can include the self-report or surrogate report method of administration rather than a demonstration of the functional task. This may lead either to over-estimation or under-estimation of ability. In addition, the instrument may not be sensitive to small, incremental changes in function.

FOLLOW-UP: The identification of new disabilities in these functional domains warrants intervention and further assessment to prevent ongoing decline and to promote safe living conditions for older adults. If using the Lawton IADL tool with an acute hospitalization, nurses should communicate any deficits to the physicians and social workers/case managers for appropriate discharge planning.

MORE ON THE TOPIC:

Best practice information on care of older adults: www.ConsultGeriRN.org.

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