

Patient Name: _____

Date: _____

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

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