

# KATZ BASIC ACTIVITIES OF DAILY LIVING (ADL) SCALE

Patient Name _____	Today's Date _____
--------------------	--------------------

<b>ACTIVITIES</b> POINTS (0 or 1)	<b>INDEPENDENCE:</b> (1 POINT) NO supervision, direction or personal assistance	<b>DEPENDANCE:</b> (0 POINTS) WITH supervision, direction, personal assistance or total care
<b>BATHING</b>  POINTS: _____	<b>(1 POINT)</b> Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	<b>(0 POINTS)</b> Needs help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing.
<b>DRESSING</b>  POINTS: _____	<b>(1 POINT)</b> Gets clothes from closets and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	<b>(0 POINTS)</b> Needs help with dressing self or needs to be completely dressed.
<b>TOILETING</b>  POINTS: _____	<b>(1 POINT)</b> Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.	<b>(0 POINTS)</b> Needs help transferring to the toilet, cleaning self or uses bedpan or commode.
<b>TRANSFERRING</b>  POINTS: _____	<b>(1 POINT)</b> Moves in and out of bed or chair unassisted. Mechanical transferring aides are acceptable.	<b>(0 POINTS)</b> Needs help in moving from bed to chair or requires a complete transfer.
<b>CONTINENCE</b>  POINTS: _____	<b>(1 POINT)</b> Exercises complete self-control over urination and defecation.	<b>(0 POINTS)</b> Is partially or totally incontinent of bowel or bladder.
<b>FEEDING</b>  POINTS: _____	<b>(1 POINT)</b> Needs partial or total help with feeding or requires parenteral feeding.	<b>(0 POINTS)</b> Needs partial or total help with feeding or requires parenteral feeding.

<b>TOTAL POINTS =</b> _____	6 = HIGH (patient independent) 0 = LOW (patient very dependent)
-----------------------------	--

Patient Name \_\_\_\_\_