Instrumental Activities of Daily Living (IADL) Scale

Please check [✓] the correct answers 1. Can you use the telephone without help []3 with some help []2 Or are you completely unable to use the telephone? []1 2. Can you get to places beyond walking distance without help []3 with some help []2 Or are you completely unable to travel unless special arrangements are made? []1 3. Can you go shopping for groceries without help []3 with some help []2 Or are you completely unable to do any shopping? []1 4. Can you prepare your own meals without help []3 with some help []2 Or are you completely unable to prepare any meals? [] 1 5. Can you do your own housework without help []3 with some help []2 Or are you completely unable to do any housework? []1 6. Can you do your own handyman work without help [] 3 []2 with some help Or are you completely unable to do any handyman work? []1 7. Can you do your own laundry without help []3 with some help []2 Or are you completely unable to do any laundry at all? 8a. Do you take medicines or use any medications? Yes (if yes, answer question 8b) []1 No (if no answer question 8c) []2 8b. Do you take your own medicine without help (in the right doses at the right time) []3 with some help (if someone prepares it for you and/or reminds you to take it) []2 Or you are completely unable to take your own medicine? []1 8c. If you had to take medicine, could you do it without help (in the right doses at the right time) []3 with some help (if someone prepared it for you and/or reminds you to take it) []2 Or would you be completely unable to take your own medicine? []1 9. Can you manage your own money without help [] 3 []2 with some help Or are you completely unable to manage money? [] 1 Ref: Lawton MP. Scales to measure competence in everyday activities. Psychopharm Bull. 1988; 24 (4): 609-614; 789-791. Score by (Staff signature) _____ Time/Date: _____ Signature of Patient or Legal Representative Date Signature of Person Completing Form (if not patient) Relationship to Patient PATIENT LABEL

EMR: Senior Adult Patient Questionnaire