

Measuring Assistance Needs

Gerontologists, social workers and care managers often use two scales to measure a person's need for assistance:

- 1) limitations in instrumental activities of daily living (IADLs), and
- 2) limitations in activities of daily living (ADLs). You, too, can use the informal assessment form below to help determine your or a loved one's care need. The assessment will also help family caregivers identify the type and extent of care they will need to provide.

Instrumental Activities of Daily Living (IADLs)

| | Rarely | Sometimes | Often |
|--------------------------------|--------------------------|--------------------------|--------------------------|
| Grocery shopping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Doing housework | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preparing meals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Managing money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paying bills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dialing the telephone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Moving around outside the home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[If a person is able to perform the above activities on a routine basis without assistance, he or she should be able to live independently. However, the more frequently "Sometimes" and "Often" are checked, the more help the person needs.]

Activities of Daily Living (ADLs)

| | Rarely | Sometimes | Often |
|----------------------------------|--------------------------|--------------------------|--------------------------|
| Dressing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Moving around inside the home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bathing or showering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintaining personal hygiene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Taking medication correctly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Getting in/out of bed or a chair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eating | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Using the restroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

[Because the above activities describe personal care that is required on a daily basis, any care needed is of a higher level. Persons with 3 or more checkmarks in "Sometimes" or "Often" probably should not be living alone.]