

## KATZ INDEX OF INDEPENDENCE IN ACTIVITIES OF DAILY LIVING

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

Date: \_\_\_\_\_

ACTIVITIES	Dependence WITH supervision, direction, personal assistance or total care.	Assistance	Independence NO supervision, direction or personal assistance.
<b>Bathing</b>	Needs help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing. <input type="checkbox"/>	Receives assistance in bathing only one part of the body (such as back or a leg). <input type="checkbox"/>	Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity. <input type="checkbox"/>
<b>Dressing</b>	Needs help with dressing self or needs to be completely dressed. <input type="checkbox"/>	Gets clothes and gets dressed without assistance except for assistance in tying shoes. <input type="checkbox"/>	Gets clothes and gets completely dressed without assistance. <input type="checkbox"/>
<b>Toileting</b>	Needs help transferring to the toilet, cleaning self or uses bedpan or commode. <input type="checkbox"/>	Receives assistance in going to toilet room or in cleaning self or in arranging clothes after elimination or in use of night bedpan or commode. <input type="checkbox"/>	Goes to toilet, cleans self, and arranges clothes without assistance (may use object for support such as cane, walker, or wheelchair and may manage night bedpan or commode, emptying same in morning). <input type="checkbox"/>
<b>Transfer</b>	Needs help in moving from bed to chair or requires a complete transfer. <input type="checkbox"/>	Moves in and out of bed or chair with assistance <input type="checkbox"/>	Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable. <input type="checkbox"/>
<b>Continence</b>	Is partially or totally incontinent of bowel or bladder. <input type="checkbox"/>	Has occasional accidents <input type="checkbox"/>	Exercises complete self control over urination and defecation. <input type="checkbox"/>
<b>Feeding</b>	Needs partial or total help with feeding or requires parenteral feeding. <input type="checkbox"/>	Feeds self except for getting assistance in cutting meat or buttering bread. <input type="checkbox"/>	Gets food from plate into mouth without help. Preparation of food may be done by another person. <input type="checkbox"/>

### References

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Katz, S., Down, T.D., Cash, H.R., & Grotz, R.C. (1970) Progress in the development of the index of ADL. *The Gerontologist*, 10(1), 20–30.

Katz, S. (1983). Assessing self-maintenance: Activities of daily living, mobility and instrumental activities of daily living. *J Am Ger Soc*, 31(12), 721–726.

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