

Bristol Activities of Daily Living Scale

Bucks, R. S., Ashworth, D. L., Wilcock, G. K., and Siegfried, K. (1996)

Bristol Activities of Daily Living Scale

Name of patient:.....

Patient number:

Carer's Name:.....

Assessment date:/...../.....

Relationship:.....

This questionnaire is designed to reveal the everyday ability of people who have memory difficulties of one form or another.

For each activity (No. 1 - 20), statements a - e refer to a different level of ability.

Thinking of the last 2 weeks, tick the box that represents your relative's/friend's AVERAGE ability. (If in doubt about which box to tick, choose the level of ability which represents their *average* performance over the last 2 Weeks. Tick 'Not applicable' if your relative never did that activity when they were well).

1. PREPARING FOOD	<input type="checkbox"/>	a) Selects and prepares food as required
	<input type="checkbox"/>	b) Able to prepare food if ingredients set out
	<input type="checkbox"/>	c) Can prepare food if prompted step by step
	<input type="checkbox"/>	d) Unable to prepare food even with prompting and supervision
	<input type="checkbox"/>	e) Not applicable
2. EATING	<input type="checkbox"/>	a) Eats appropriately using correct cutlery
	<input type="checkbox"/>	b) Eats appropriately if food made manageable and/or uses spoon
	<input type="checkbox"/>	c) Uses fingers to eat food
	<input type="checkbox"/>	d) Needs to be fed
	<input type="checkbox"/>	e) Not applicable
3. PREPARING DRINK	<input type="checkbox"/>	a) Selects and prepares drinks as required
	<input type="checkbox"/>	b) Can prepare drinks if ingredients left available
	<input type="checkbox"/>	c) Can prepare drinks if prompted step by step
	<input type="checkbox"/>	d) Unable to make a drink even with prompting and supervision
	<input type="checkbox"/>	e) Not applicable

4. DRINKING		<ul style="list-style-type: none"> a) Drinks appropriately b) Drinks appropriately with aids, beaker/straw etc. c) Does not drink appropriately even with aids but attempts to d) Has to have drinks administered (fed) e) Not applicable
5. DRESSING		<ul style="list-style-type: none"> a) Selects appropriate clothing and dresses self b) Puts clothes on in wrong order and/or back to front and/or dirty clothing c) Unable to dress self but moves limbs to assist d) Unable to assist and requires total dressing e) Not applicable
6. HYGIENE		<ul style="list-style-type: none"> a) Washes regularly and independently b) Can wash self if given soap, flannel, towel, etc c) Can wash self if prompted and supervised d) Unable to wash self and needs full assistance e) Not applicable
7. TEETH		<ul style="list-style-type: none"> a) Cleans own teeth/dentures regularly and independently b) Cleans teeth/dentures if given appropriate items c) Requires some assistance, toothpaste on brush, brush to mouth etc d) Full assistance given e) Not applicable
8. BATH/SHOWER		<ul style="list-style-type: none"> a) Bathes regularly and independently b) Needs bath to be drawn/shower turned on but washes independently c) Needs supervision and prompting to wash d) Totally dependent, needs full assistance e) Not applicable
9. TOILET/COMMODE		<ul style="list-style-type: none"> a) Uses toilet appropriately when required b) Needs to be taken to the toilet and given assistance c) Incontinent of urine or faeces d) Incontinent of urine and faeces e) Not applicable
10. TRANSFERS		<ul style="list-style-type: none"> a) Can get in/out of chair unaided b) Can get into a chair but needs help to get out c) Needs help getting in and out of a chair d) Totally dependent on being put into and lifted from chair e) Not applicable

11. MOBILITY		a) Walks independently
		b) Walks with assistance ie furniture, arm for support
		c) Uses aids to mobilise ie frame, sticks etc
		d) Unable to walk
		e) Not applicable
12. ORIENTATION – TIME		a) Fully orientated to time/day/date etc
		b) Unaware of time/day etc but seems unconcerned
		c) Repeatedly asks the time/day/date
		d) Mixes up night and day
		e) Not applicable
13. ORIENTATION – SPACE		a) Fully orientated to surroundings
		b) Orientated to familiar surroundings only
		c) Gets lost in home, needs reminding where bathroom is, etc
		d) Does not recognise home as own and attempts to leave
		e) Not applicable
14. COMMUNICATION		a) Able to hold appropriate conversation
		b) Shows understanding and attempts to respond verbally with gestures
		c) Can make self understood but difficulty understanding others
		d) Does not respond to, or communicate with others
		e) Not applicable
15. TELEPHONE		a) Uses telephone appropriately, including obtaining correct number
		b) Uses telephone if number given verbally/visually or predialled
		c) Answers telephone but does not make calls
		d) Unable/unwilling to use telephone at all
		e) Not applicable
16. HOUSEWORK/ GARDNEING		a) Able to do housework/gardening to previous standard
		b) Able to do housework/gardening but not to previous standard
		c) Limited participation with a lot of supervision
		d) Unwilling/unable to participate in previous activities
		e) Not applicable

17. SHOPPING	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	a) Shops to previous standard b) Only able to shop for 1 or 2 items with or without a list c) Unable to shop alone, but participates when accompanied d) Unable to participate in shopping even when accompanied e) Not applicable
18. FINANCES	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	a) Responsible for own finances at previous level b) Unable to write cheque. Can sign name & recognises money values c) Can sign name but unable to recognise money values d) Unable to sign name or recognise money values e) Not applicable
19. GAMES/HOBBIES	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	a) Participates in pastimes/activities to previous standard b) Participates but needs instruction/supervision c) Reluctant to join in, very slow needs coaxing d) No longer able or willing to join in e) Not applicable
20. TRANSPORT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	a) Able to drive, cycle or use public transport independently b) Unable to drive but uses public transport or bike etc c) Unable to use public transport alone d) Unable/unwilling to use transport even when accompanied e) Not applicable