

# Assessing Needs to Remain at Home with Assistance

One classic test to assess the functioning level for assistance in remaining at home was developed by M. Powell Lawton several decades ago and is referred to as the Lawton Instrumental Activities of Daily Living Scale. Although it was intended for professional use, one can create a score to assist in determining daily care needs that relate to maintaining a household.

The simple scale shown below is based on Lawton's original scale and is helpful in determining what is specifically needed to adequately perform activities of daily living. For each area of function listed, apply the associated number with the description that best fits the person's functional level. When completed, add the scores together. The lower the score, the more one has needs that require daily care. This is also a good starting point to use as a discussion of functional level when a professional is called upon to assist either with home care or with determining what care is needed.

## Ability to Use Telephone

- |   |   |       |
|---|---|-------|
| 1. Operates telephone on own initiative: looks up and dials numbers, etc. | 3 |       |
| 2. Dials a few well-known numbers   | 2 |       |
| 3. Answers telephone but does not dial                                    | 1 |       |
| 4. Does not use telephone at all  | 0 | _____ |

## Shopping

- |   |   |       |
|---|---|-------|
| 1. Takes care of all shopping needs independently | 3 |       |
| 2. Shops independently for small purchases        | 2 |       |
| 3. Needs to be accompanied on any shopping trip   | 1 |       |
| 4. Completely unable to shop                      | 0 | _____ |

## Food Preparation

- |   |   |       |
|---|---|-------|
| 1. Plans, prepares and serves adequate meals independently                                | 3 |       |
| 2. Prepares adequate meals if supplied with ingredients                                   | 2 |       |
| 3. Heats and serves prepared meals, or prepares meals but does not maintain adequate diet | 1 |       |
| 4. Needs to have meals prepared and served  | 0 | _____ |



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## Housekeeping

- |   |   |       |
|---|---|-------|
| 1. Maintains house alone or with occasional assistance (e.g., "heavy work-domestic help") | 4 |       |
| 2. Performs light daily tasks such as dishwashing, bed making                             | 3 |       |
| 3. Performs light daily tasks but cannot maintain acceptable level of cleanliness         | 2 |       |
| 4. Needs help with all home maintenance tasks   | 1 |       |
| 5. Does not participate in any housekeeping tasks   | 0 | _____ |

## Laundry

- |   |   |       |
|---|---|-------|
| 1. Does personal laundry completely                     | 2 |       |
| 2. Launders small items – rinses socks, stockings, etc. | 1 |       |
| 3. All laundry must be done by others                   | 0 | _____ |

## Travel

- |   |   |       |
|---|---|-------|
| 1. Travels independently on public transportation or drives own car               | 4 |       |
| 2. Arranges own travel via taxi, but does not otherwise use public transportation | 3 |       |
| 3. Travels on public transportation when assisted or accompanied by another       | 2 |       |
| 4. Travel limited to taxi or automobile with assistance of another                | 1 |       |
| 5. Does not travel at all   | 0 | _____ |

## Responsibility for Own Medication

- |   |   |       |
|---|---|-------|
| 1. Is responsible for taking medication in correct dosages at correct times     | 2 |       |
| 2. Takes responsibility if medication is prepared in advance in separated doses | 1 |       |
| 3. Is not capable of dispensing own medication                                  | 0 | _____ |

## Ability to Handle Finances

- |  |   |       |
|--|---|-------|
| 1. Manages financial matters independently (budgets, writes checks, pays rent, pays bills, goes to bank), collects and keeps track of income | 2 |       |
| 2. Manages financial day-to-day purchases, but needs help with banking, major purchases, etc.  | 1 |       |
| 3. Incapable of handling money   | 0 | _____ |

**Total Score** \_\_\_\_\_

The lower the score, the less able the person being evaluated is to maintain a household and handle some care needs. Use the scores of zero and one to determine what outside assistance is needed. Note that this scale is not for personal care needs which would be eating, dressing, bathing, walking and ability to function mentally.

Contact Continuum for help in assessing your loved one’s situation.