

**INSTRUMENTAL ACTIVITIES OF DAILY LIVING  
(IADL) SCALE**  
Department of Family Practice  
Division of Geriatrics

Interviewer: \_\_\_\_\_

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

Circle the number of the one statement in each category that best describes the subject.

Positive  
\* Negative

**USE OF TELEPHONE**

1. - Operates telephone on own initiative and looks up and dials numbers.
2. - Dials a few well-known numbers.
3. - Answers telephone but doesn't dial.
- \*4. - Doesn't use telephone at all.

**SHOPPING**

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

**FOOD PREPARATION**

1. - Plans, prepares, and serves adequate meals independently.
- \*2. - Prepares adequate meals if supplied with ingredients.
- \*3. - Heats and serves prepared meals, or prepares meals but doesn't maintain adequate diet.
- \*4. - Needs to have meals prepared and served.

**HOUSEKEEPING**

1. - Maintains house alone or with occasional assistance (for example, for heavy work or by domestic help).
2. - Performs light daily tasks, such as dishwashing and bedmaking.
3. - Performs light daily tasks but can't maintain acceptable level of cleanliness.
4. - Needs help with all home maintenance tasks.
- \*5. - Doesn't participate in any housekeeping tasks.

**LAUNDRY**

1. - Does personal laundry completely.
2. - Launders small items (rinses, socks, stockings, etc.)
- \*3. - Needs to have all laundry done by others.