



Adult Abuse & Neglect - Response Resource

Date of Assessment:

Surname:

Given Name:

Sex:

Age:

DOB:

**LAWTON & BRODY  
INSTRUMENTAL ACTIVITIES  
OF DAILY LIVING SCALE**

This tool is only a guide and **does not** replace clinical judgement. It may be used as a screening tool, a formal test, or may be given to the caregiver to complete to facilitate discussion with you.

**A score of 8 is independent and a score of 0 is totally dependent in IADL**

**ABILITY TO USE A TELEPHONE:**

- Operates telephone on own initiative. Looks up and dials numbers, etc.  1
- Dials a few well known numbers  1
- Answers telephone but does not dial  1
- Does not use telephone at all  0

**SHOPPING:**

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

**FOOD PREPARATION:**

- Plans, prepares, and serves adequate meals independently  1
- Prepares adequate meals if supplied with ingredients or heats meals on wheels  0
- Prepares meals but does not maintain an adequate diet  0
- Needs to have meals prepared and served  0

**HOUSEKEEPING:**

- Maintains house alone or with occasional assistance (e.g. Domestic help with heavy work, gardening)  1
- Performs light daily tasks such as dish washing, bed making  1
- Performs light daily tasks but cannot maintain acceptable level of cleanliness  1
- Needs help with all home maintenance tasks  1
- Does not participate in any housekeeping tasks  0

**LAUNDRY:**

- Does personal laundry completely  1
- Launders small items  1
- All laundry must be done by others  0

**MODE OF TRANSPORT:**

- Travels independently on public transport or drives own car  1
- Arranges own travel via taxi, but does not otherwise use public transport  1
- Travels on public transport when accompanied by another  1
- Travel limited to taxi or vehicle with assistance of another  0
- Does not travel at all  0

**RESPONSIBILITY FOR OWN MEDICATION:**

- Is responsible for taking medication in correct dosage at correct time  1
- Takes responsibility if medication is prepared in advance in separate dosages. (May need reminding)  0
- Is not capable of dispensing own medication  0

**ABILITY TO HANDLE FINANCES:**

- Manages financial matters independently, (paying bills, goes to bank)  1
- Manages day-to-day purchases, but needs help with banking, major transactions  1
- Incapable of making financial decisions or handling money  0

Other (specify): \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL SCORE** \_\_\_\_\_

Assessor's name: \_\_\_\_\_ Date: \_\_\_\_\_