Barthel Index Scoring Form

| Patient Name: | Rater Name: | Date: | |
|--|-------------|--|--|
| FEEDING 0 = unable 5 = needs help cutting, spreading butter, requires modified diet 10 = independent | etc., or | TOILET USE 0 = dependent 5 = needs some help, but can do something alone 10 = independent (on and off, dressing, wiping) | |
| BATHING 0 = dependent 5 = independent (or in shower) GROOMING | | TRANSFERS (BED TO CHAIR AND BACK) 0 = unable, no sitting balance 5 = major help (one or two people, physical), can sit 10 = minor help (verbal or physical) 15 = independent | |
| 0 = needs to help with personal care5 = independent face/hair/teeth/shaving (implements provided) | | MOBILITY (ON LEVEL SURFACES) 0 = immobile or < 50 yards 5 = wheelchair independent, including corners, > 50 yards 10 = walks with help of one person (verbal or physical) > 50 yards 15 = independent (but may use any aid; for example, stick) > 50 yards | |
| DRESSING 0 = dependent 5 = needs help but can do about half una 10 = independent (including buttons, zips etc.) | | | |
| BOWELS 0 = incontinent (or needs to be given energy of the second accident) 10 = continent | emas) | STAIRS 0 = unable 5 = needs help (verbal, physical, carrying aid) 10 = independent | |
| BLADDER 0 = incontinent, or catheterized and unabmanage alone 5 = occasional accident 10 = continent | ole to | TOTAL SCORE= | |
| The Barthel ADL Index: Guidelines | | | |

- 1. The index should be used as a record of what a patient does, not as a record of what a patient could do.
- 2. The main aim is to establish degree of independence from any help, physical or verbal, however minor and for whatever reason.
- 3. The need for supervision renders the patient not independent.
- 4. A patient's performance should be established using the best available evidence. Asking the patient, friends/relatives and nurses are the usual sources, but direct observation and common sense are also important. However direct testing is not needed.
- 5. Usually the patient's performance over the preceding 24-48 hours is important, but occasionally longer periods will be relevant.
- 6. Middle categories imply that the patient supplies over 50 per cent of the effort.
- 7. Use of aids to be independent is allowed.

References

Mahoney FI, Barthel D. "Functional evaluation: the Barthel Index." Maryland State Medical Journal 1965;14:56-61. Used with permission.

Loewen SC, Anderson BA. "Predictors of stroke outcome using objective measurement scales." Stroke.1990;21:78-81.

Gresham GE, Phillips TF, Labi ML. "ADL status in stroke: relative merits of three standard indexes." <u>Arch Phys Med Rehabil.1980;61:355-358.</u>

Collin C, Wade DT, Davies S, Horne V. "The Barthel ADL Index: a reliability study." Int Disability Study.1988;10:61-63.

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