

I'm not a robot



























BioPsychoSocial Assessment Tools for the Elderly - Assessment Summary Sheet Test: Lawton And Brody Instrumental Activities Of Daily Living (IADL) Scale Year: 1969 Domain: Biological / Social Assessment Tool category: Physical Function/IADL Variations / Translations: English and Japanese Assessment Setting: Community, research and hospital settings Method of Delivery: The scale can be administered with a written questionnaire or by interview. The examiner should complete the scale based on information about the patient from the patient him-/herself, informants (such as the patient's family member or other caregiver), and recent records. Description of Test: The Instrumental Activities of Daily Living (IADL) Scale is used to assess independent living skills of an individual and measures functional ability as well as declines and improvements over time. The test measures eight realms of function through self report, which attempt to assess everyday functional competence in the elderly. This is done by evaluating a more complex set of behaviours like telephoning, shopping, food preparation, housekeeping, laundering, use of transportation, use of medicine, and financial behaviour. Each domain measured by the scale relies on either cognitive or physical function, though all require some degree of both. These skills are considered more complex than the basic activities of daily living as measured by the Katz Index of ADLs. There is a gender difference in how tests are administered. This test is not acceptable for use on institutionalized older adults. It has been shown an effective tool for measuring baseline function and can provide data for functional comparisons with later assessment. This assessment instrument is widely used both in research and in clinical practice Scoring / Interpretation: The Lawton IADL scale can be scored in several ways, the most common method is to rate each item either dichotomously (0 = less able, 1 = more able) or trichotomously (1 = unable, 2 = needs assistance, 3 = independent) and sum the eight responses. The higher the score, the greater the person's abilities. Women are scored on all 8 areas of function, but, for men, the areas of food preparation, housekeeping, laundering are excluded. Clients are scored according to their highest level of functioning in that category. A summary score ranges from 0 (low function, dependent) to 8 (high function, independent) for women, and 0 through 5 for men. Time to Administer: 10 to 15 minutes. Availability: Can be accessed online. Software: N/A Websites: Quantitative/Qualitative: Quantitative Validity: The validity of the Lawton IADL was tested by determining its correlation with four scales that measured domains of functional status. All correlations were significant at the .01 or .05 level. Reliability: A Pearson correlation of 0.87 and 0.91 was obtained in two different studies. ICCs ranging from 0.90 to 0.94 for the IADL items were obtained. Very high six-month retest reliability of 0.88 (range, 0.80-0.99) has been reported for the IADL scale. The IADL also shows good interrater reliability between personnel from different disciplines. References: Graf, C. (2008). Lawton Instrumental Activities of Daily Living Scale. American Journal of Nursing 108(4), 52-62 Hokoishi K, Ikeda M, Maki N, et al. (2001). Interrater reliability of the Physical Self- Maintenance Scale and the Instrumental Activities of Daily Living Scale in a variety of health professional representatives. Aging and Mental Health, 5, 38-40 Lawton, M., and Brody, E. (1969). Assessment of older people: Self-maintaining and instrumental activities of daily living. Gerontologist, 9, 179-186 Comments: The Lawton Instrumental Activities of Daily Living Scale (IADL) is an appropriate instrument to assess independent living skills in the elderly. Limitations of the instrument can include the self-report or surrogate report method of administration rather than a demonstration of the functional task. This may lead either to over-estimation or under-estimation of ability. In addition, the instrument may not be sensitive to small, incremental changes in function. There is a variation in testing strategy related to gender and the number of domains investigated for each. Purpose : Assessment of instrumental Activities of Daily Living Admin time : 10-20 min. User Friendly : High Administered by : GP or nurse Content : The Lawton IADL scale contains eight items, with a summary score from 0 (low function) to 8 (high function). Each ability measured by the scale relies on either cognitive or physical function, though all require some degree of both. Author : Lawton MP, 1969 Copyright : The Gerontological Society of America. Free to use. THE LAWTON IADL SCALE The Lawton IADL scale was developed by Lawton and Brody in 1969 to assess the more complex ADLs necessary for living in the community (Lawton MP, 1969). The scale had nearly equal validity in a population of rural older adults whether scored with simple or more complex systems (Vittingtong JR, 2006). It is appropriate for use with community dwellers as well as older adults admitted to a hospital, a short-term skilled nursing facility, or a rehabilitation facility. The scale is generally not useful for older adults in long-term care facilities, where residents perform few IADLs without assistance. The Lawton IADL scale takes 10 to 15 minutes to administer and contains eight items, with a summary score from 0 (low function) to 8 (high function). Each ability measured by the scale relies on either cognitive or physical function, though all require some degree of both (Ng TP, 2006). ADMINISTERING The scale can be administered with a written questionnaire or by interview. The patient or a knowledgeable family member or caregiver may provide answers. Older adults may be reluctant to participate in a functional assessment if they fear losing independence as a result. They may report that their living situation is adequate even if it is not. With all assessments of older adults, taking a "matter-of-fact approach," establishing rapport and explaining that the questions are a normal part of the assessment (Lach HW, 2007). Asking about a typical day can be helpful for starting the assessment, as can highlighting a person's strengths rather than seeming to focus entirely on functional deficits. Emphasize that the goal is to work with patients to create the safest possible ongoing plan, which may evolve as they recover, and often a person may be able to remain at home with additional help. Responses to each of the eight items in the scale will vary along a range of levels of competence from independence in performing the activity to not performing it at all. It is not necessary to ask the questions in sequence as they appear on the tool. If a patient is talking about shopping for groceries, it is fine to discuss transportation at that time as well. Or the interviewer may first ask "what is your typical dinner?" before asking how the patient prepares meals. If the patient (or other informant) identifies independence with an activity, additional questions are unnecessary. If dependence in an activity is identified, additional information is needed to assess the extent of the deficit and how the deficit is accommodated. SCORING The Lawton IADL scale can be scored in several ways. The most common method is to rate each item either dichotomously (0 = less able, 1 = more able) or trichotomously (1 = unable, 2 = needs assistance, 3 = independent) and sum the eight responses. The higher the score, the greater the person's abilities. Women are scored on all 8 areas of function, but, for men, the areas of food preparation, housekeeping, laundering are excluded. Clients are scored according to their highest level of functioning in that category. The final total score ranges from 0 (low function, dependent) to 8 (high function, independent) for women, and 0 through 5 for men. The final total score may be presented as a percentage of function. For example, a total score of 6 out of 8 would represent 75% function (75% independence, 25% dependence). CHAPTER 6: LAWTON INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) SCALE Description The Lawton Instrumental Activities of Daily Living (IADL) Scale is an 8-item questionnaire administered either by proxy, through interview, or as a self-report that is designed to evaluate a person's ability to engage in more complex activities thought necessary for functioning in community settings by assessing the following 8 areas of occupational performance: (1) the ability to use a telephone, (2) shopping, (3) food preparation, (4) housekeeping, (5) laundry, (6) mode of transportation, (7) responsibility for own medications, and (8) ability to handle finances (Graf, 2008). The Lawton IADL Scale takes approximately 10 minutes to complete and is scored using a 2-point rating scale (0 or 1). During assessment the informant picks the most correct answer from several choices, of up to 5 for each item. Total scores can range from 0 to 8 with higher scores indicating better functioning. Psychometrics Original research by Lawton and Brody (1969) found that the measure was highly reproducible with test-retest reliability coefficients of 0.96 (n = 97) and 0.93 (n = 168), respectively. Work of two independent raters included in the original study also found inter-rater agreement to be good at 0.85 between total scores. The IADL scale was found to correlate well with several outcome measures such as the Physical Self-Maintenance Scale at 0.61, Mental Status Questionnaire at 0.48, Behavior and Adjustment Rating Scales at 0.44, and the Physical Classification at 0.40 (Lawton & Brody, 1969). Burton et al. (2009) found that the correlation between the self- and informant-based versions of the scale was 0.69. Between age and education for the self-report it was 0.24 and -0.10 and for the informant-report it was 0.22 and -0.10. The IADL scale also showed a significant negative correlation with the Scales of Independent Behavior-Revised; and since each test is both a self- and informant-based measure, concurrent validity was compared between each separately. For the self-report it was -0.58 and for the informant versions it was -0.69. A study of falls by Chu, Chiu, and Chi (2006) found that when comparing the IADL Scale with the Barthel Index, Tinetti Balance Scale and gait speed, after gait speed the IADL Scale was able to predict the occurrence of falls among community dwelling residents over 65 years old. A study by Cromwell, Eagar, and Poulos (2003) found that three IADL items (telephone use, self-medication, and handling finances) were statistically associated with cognitive impairment. A similar study found four IADL items were associated with cognitive impairment regardless of age, sex, or education: telephone use, use of transportation, self-medication, and handling finances (Barberger-Gateau et al., 1992). A study by McGrory, Shenkin, Austin, and Starr (2014) found shopping and food preparation to be the most difficult items and considered to be lost first in the disablement process while telephone use was the least difficult, suggesting that a person reporting challenges with telephone use is unlikely to be able to perform any other task on the scale. Conversely, if a person reports no problems with shopping or food preparation they will likely have no limitations with other tasks. Advantages There is a good amount of evidence in support of the Lawton IADL Scale for use in clinical practice and it is widely accepted as a valid and reliable measure for use in elderly populations (Barberger-Gateau et al., 1992). Administration is easy and can be completed in less than 10 minutes. Several scoring paradigms have been developed to address the perceived lack of sensitivity to small changes inherent in the original. Also, results can provide useful information about the capacity of an individual to live in the community-based setting. Disadvantages Developed in 1969, the Lawton IADL Scale has remained relatively unchanged and because of the simple scoring system (0 or 1 with a high score of 8) some researchers have noted a lack of sensitivity to detect small changes in functional status. Others have noted that although statistical differences fall within acceptable limits, gender bias may exist for items relating to food preparation, laundry, and housekeeping. Administration The Lawton IADL Scale is a questionnaire that is completed by proxy, as a self-report, or through interview where the subject is asked to consider items relative to his or her ability to engage in activities considered important for independence. Several researchers have suggested and tested different scoring models to improve the sensitivity of the measure and its ability to document change beyond the original dichotomous scale of (0 = less able, 1 = more able) to include a 3-point scale (1 = unable, 2 = needs assistance, 3 = independent) as well as a 4-point scale. A study examining all 3 scoring systems found reliability estimates to be high respectively for each scoring system at r = 0.80, 0.88, and 0.87, suggesting near equal validity when using the original or more complex scoring systems (Graf, 2008). Permissions The assessment is located in the public domain and is free to use in clinical practice. It can also be found in its entirety in several publications as well as online. Permission to use in research and/or publication can be obtained by contacting the publishers of the original work or the Copyright Clearance Center at the information following. Further information can be found in the following journal article: Lawton, M. P., & Brody, E. M. (1969). Assessment of older people: Self-maintaining and instrumental activities of daily living. The Gerontologist, 9, 179-186. Summary POPULATION General TYPE OF MEASURE Self-report, interview, or proxy questionnaire WHAT IT ASSESSES ADL/IADLs; level of independence TIME < 10 minutes COST Free Contact Only gold members can continue reading. Log In or Register to continue