

BARTHEL INDEX OF INDEPENDENCE IN ADL'S

NAME: _____

Date _____

BATHING

Dependent	
Independent	
Total	

DRESSING

Dependent	
Needs help, but can do about half unaided	
Independent (including buttons, zippers, laces, etc.)	
Total	

GROOMING

Needs help with personal care	
Independent face/hair/teeth/shaving (implements provided)	
Total	

MOBILITY

Immobile	
Wheelchair independent, including corners, etc.	
Walks with help of one person (verbal or physical)	
Independent (but may use any aid, e.g., stick)	
Total	

STAIRS

Unable	
Needs help, but can do about half unaided	
Independent up and down	
Total	

Scoring:

Total possible scores range from 0-20, with lower scores indicating increased disability.

TRANSFER

Unable – no sitting balance	
Major Help (one or two people, physical) can sit	
Minor Help (verbal or physical)	
Independent	
Total	

FEEDING

Unable	
Needs help cutting, spreading butter, etc.	
Independent (food provided within reach)	
Total	

BLADDER

Incontinent, or catheterized and unable to manager	
Occasional accident (max. once per 24 hrs)	
Continent	
Total	

BOWELS

Incontinent or needs to be given enema's	
Occasional accident (once/week)	
Continent	
Total	

TOILET USE

Dependent	
Needs some help, but can do something alone	
Independent (on & off, wiping, dressing)	
Total	

GRAND TOTAL	
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