GERIATRIC ASSESSMENT CENTER
SCALE FOR INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Visit: 1st 2nd 3rd
(Circle one)

Instructions: Write in the appropriate value number on the score lines provided to the right of the responses. Add the value numbers to obtain total score.

1. ABILITY TO USE TELEPHONE
   3 Operates telephone on own initiative; looks up and dials numbers, etc.
   2 Dials a few well known numbers
   1 Answers telephone but does not dial
   0 Does not use telephone at all

2. SHOPPING
   3 Takes care of all shopping needs independently
   2 Shops independently for small purchases
   1 Needs to be accompanied on any shopping trip
   0 Needs to have meals prepared and served

3. FOOD PREPARATION
   3 Plans, prepares and serves adequate meals independently
   2 Prepares adequate meals if supplied with ingredients
   1 Heats and serves prepared meals, or prepares meals but does not maintain adequate diet
   0 Needs to have meals prepared and served

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

5. LAUNDRY
   2 Does personal laundry completely
   1 Launders small items; rinses socks, stockings, etc.
   0 All laundry must be done by others

6. MODE OF TRANSPORTATION
   4 Travels independently on public transportation or drives own car
   3 Arranges own travel via taxi, but does not otherwise use public transportation
   2 Travels on public transportation when assisted or accompanied by another
   1 Travel limited to taxi or automobile, with assistance of another
   0 Does not travel at all

7. RESPONSIBILITY FOR OWN MEDICATION
   2 Is responsible for taking medication in correct dosages at correct time
   1 Takes responsibility if medication is prepared in advance in separate dosages
   0 Is not capable of dispensing own medication

8. ABILITY TO HANDLE FINANCES
   2 Manages financial matters independently (budgets, write checks, pays rent and bills, goes to Bank) collects and keeps track of income
   1 Manages day-to-day purchases, but needs help with banking, major purchases, etc.
   0 Incapable of handling money

TOTAL SCORE _______

1st Check __________
2nd Check __________

Interviewer Signature