



**Department of  
Job and Family Services**

TO STRENGTHEN OHIO'S FAMILIES THROUGH THE DELIVERY OF INTEGRATED SOLUTIONS TO TEMPORARY CHALLENGES

# **The Adult Protective Services**

## **Intake Screening Tool and Guidelines**

The Ohio Department of Job and Family Services  
Office for Families and Children  
Bureau of Family Services

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# Introduction

The Adult Protective Services (APS) Intake Screening Tool and Guidelines is a standardized screening tool designed to assist APS staff in gathering the sufficient and significant information necessary to make screening decisions.

Intake screening is the point at which a decision must be made about the need for intervention to ensure an elder's safety. The information obtained from the referent is used to determine both the necessity for APS staff to intervene as well as the timeframe and nature in which APS staff should respond.

The Ohio Department of Job and Family Services partnered with 24 county Departments of Job and Family Services' APS staffs and representatives to develop this document. The format and content is based on input from a number of practitioners in the field of APS.

**Note:** *Use of the APS Screening Tool and Guidelines is not mandatory. It is a best practice guide developed to assist APS staff in making critical safety decisions.*

## **Adult Protective Services Intake Screening Guidelines**

### **Key Term Definitions**

**Abuse** means the infliction upon an adult by self or others of injury, unreasonable confinement, intimidation or cruel punishment with resulting physical harm, pain, or mental anguish.

**Emergency** means that the adult is living in conditions which present a substantial risk of immediate and irreparable physical harm or death to self or any other person.

**Emotional Abuse** means to threaten, humiliate, intimidate, or psychologically harm an adult; also, the violation of an adult's right to make decisions and loss of privacy.

**Exploitation** means the unlawful or improper act of a caretaker using an adult or an adult's resources for monetary or personal benefit, profit or gain.

**Intake** is a function of the county department of job and family services (CDJFS) through which reports of alleged adult abuse, neglect or exploitation are received, screened, and prioritized.

**Neglect by Others** means failure of a caretaker to provide for a vulnerable adult, the goods or services necessary to avoid physical harm, mental anguish or mental illness.

**Non Emergency** means the adult is not reported as being at risk of imminent and irreparable physical harm or death to self or others.

**Physical Abuse** means intentional use of physical force that results in bodily injury, pain or impairment.

**Physical harm** means bodily pain, injury, impairment or disease suffered by an adult.

**Referral** is an allegation of adult abuse, neglect or exploitation made orally or in writing.

**Report** is a referral accepted by the CDJFS for further investigation or assessment.

**Reporter** is the person alleging abuse, neglect or exploitation of an adult.

**Screening** is the process by which the CDJFS determines whether information contained in an allegation constitutes a report of adult abuse, neglect or exploitation.

**Self Neglect** means failure of an adult to provide for self the goods or services necessary to avoid physical harm, mental anguish, or mental illness.

Ohio Department of Job and Family Services  
**OHIO ADULT PROTECTIVE SERVICES**  
**INTAKE SCREENING TOOL**

Agency Information		
Date of Referral	Time <input type="checkbox"/> am <input type="checkbox"/> pm	
Received By ( <i>Intake Staff</i> )	County	
Method of Receipt <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Letter <input type="checkbox"/> Walk-in		
Type of Allegation <input type="checkbox"/> Abuse _____ <input type="checkbox"/> Neglect <input type="checkbox"/> Self Neglect <input type="checkbox"/> Exploitation		
Reporter Information (Reporter information preferred but not mandatory)		
Reporter Name	Address	
Telephone Number Home (###-###-####)	Cell (###-###-####)	Work (###-###-####)
Relationship to Subject	Anonymity Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mandated Reporter <input type="checkbox"/> Yes <input type="checkbox"/> No	Reporters Knowledge of Allegation <input type="checkbox"/> Direct <input type="checkbox"/> Indirect	
Adult Subject Information		
Adult Subject Name ( <i>first, middle, last</i> )	Address	
Telephone Number (###-###-####)	D.O.B (mm/dd/yyyy)	Age
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (###-##-####)	Income Source and Monthly Amount
Does the Adult have a Power of Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No    ( <i>If yes, check which type below</i> ) <input type="checkbox"/> Financial <input type="checkbox"/> Medical		
Race <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Hawaiian/ Pacific Islander <input type="checkbox"/> Not Disclosed		
Language Spoken	Language Barriers <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Impairments <input type="checkbox"/> Yes <input type="checkbox"/> No    ( <i>If yes, check box(s) below</i> ) <input type="checkbox"/> Mental/Emotional Describe _____ <input type="checkbox"/> Physical (Describe <input type="checkbox"/> Blind <input type="checkbox"/> Deaf/Hearing impaired <input type="checkbox"/> Limited mobility <input type="checkbox"/> No mobility <input type="checkbox"/> Other _____)		
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Significant Other/ Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Unknown		
Living Arrangements <input type="checkbox"/> Own Home <input type="checkbox"/> Lives with Caregiver <input type="checkbox"/> Assisted Living <input type="checkbox"/> Group Home <input type="checkbox"/> Shelter <input type="checkbox"/> Homeless		
Who Lives in the Home with Adult Subject		
Dangerous Elements <input type="checkbox"/> Yes <input type="checkbox"/> No    ( <i>If yes, check box(s) below</i> ) <input type="checkbox"/> Neighborhood <input type="checkbox"/> Animals <input type="checkbox"/> Drugs <input type="checkbox"/> Weapons <input type="checkbox"/> Communicable Disease <input type="checkbox"/> Environmental Hazards <input type="checkbox"/> Violent Behavior <input type="checkbox"/> Other (Explain) _____		
Does the Adult subject have a primary care physician? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the physician's contact information below		
Physicians name	Physician's address	Physician's telephone number
Are other social services agencies or entities involved with the Adult subject? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the entities with contact information	

**Alleged Perpetrator Information**

Name		Address	
Telephone Number Home (###-###-####)		Cell (###-###-####)	Work (###-###-####)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Access To Adult Subject	
Living Arrangements <input type="checkbox"/> Lives with Subject <input type="checkbox"/> Does not live with Subject <input type="checkbox"/> Unknown			
Relationship to Adult Subject <input type="checkbox"/> Spouse <input type="checkbox"/> Adult Child <input type="checkbox"/> Grand Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Paid Caregiver <input type="checkbox"/> Acquaintance <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____			
Perpetrator Characteristics <input type="checkbox"/> Mental Impairments <input type="checkbox"/> Physical Impairments <input type="checkbox"/> Violent Behavior <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Weapons <input type="checkbox"/> Communicable Disease <input type="checkbox"/> Other _____			

**Caretaker Information**

Is the caretaker also the alleged perpetrator? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, complete the information below)			
Name		Address	
Telephone Number Home (###-###-####)		Cell (###-###-####)	Work (###-###-####)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Access To Adult Subject	
Living Arrangements <input type="checkbox"/> Lives with Subject <input type="checkbox"/> Does not live with Subject <input type="checkbox"/> Unknown			
Relationship to Adult Subject <input type="checkbox"/> Spouse <input type="checkbox"/> Adult Child <input type="checkbox"/> Grand Child <input type="checkbox"/> Other Relative <input type="checkbox"/> Paid Caregiver <input type="checkbox"/> Acquaintance <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____			
Caretaker Characteristics <input type="checkbox"/> Mental Impairments <input type="checkbox"/> Physical Impairments <input type="checkbox"/> Violent Behavior <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Weapons <input type="checkbox"/> Communicable Disease <input type="checkbox"/> Other _____			

**Referral Status**

<input type="checkbox"/> Open for Investigation <input type="checkbox"/> Screen out/ Refer to other agency <input type="checkbox"/> Information/Referral		
Explain		
Priority Rating <input type="checkbox"/> Emergency (24 hours) <input type="checkbox"/> Non Emergency (3 working days)		Law Enforcement Needed for Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No
Interpreter Needed Due to Language Barrier <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Comments**

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## APS Intake Screening Criteria

Screening intake reports of **Neglect** will include: Self Neglect and Neglect by Other.

Examples of the various types of Neglect will be categorized by situations (e.g., lack of basic needs, hazardous living conditions, unmet medical needs, etc.)

Ohio Revised Code Definitions	Screen In	Screen out
<b>Self Neglect</b>	<b>Lack of Basic Needs</b>	<b>Lack of Basic Needs</b>
Means failure of a vulnerable adult to provide for himself the goods or services necessary to avoid physical harm, mental anguish or mental illness. ORC 5101.60 (k)	<ul style="list-style-type: none"> <li>▪ No food</li> <li>▪ Inadequate clothing (i.e., multiple layers in summer and not enough layers in the winter).</li> <li>▪ Lack of shelter posing health and safety concerns.</li> <li>▪ Lack of utilities without access to alternative provisions which causes safety threat to the adult (e.g., lack of electricity for medical monitors or breathing machines, no access to water for person hygiene; no heating source in winter).</li> <li>▪ Wandering (i.e., driving or walking away from a location and is unable to return without assistance)</li> <li>▪ Imminent risk of losing shelter (e.g., eviction).</li> </ul>	<ul style="list-style-type: none"> <li>▪ No food in the home but the adult receives community services (meals on wheels) and/or family services.</li> <li>▪ No permanent shelter, but the adult has alternative housing (tent, camper, lives in homeless shelter).</li> <li>▪ Lack of utilities but has access to alternative provisions and no safety threat (e.g., no water in the home, but the adult brings water into the home or utilizes neighbor's facilities).</li> <li>▪ Driving or walking away from a location and is able to return safely without assistance.</li> </ul>
	<b>Hazardous Living Conditions</b>	<b>Hazardous Living Conditions</b>
	<ul style="list-style-type: none"> <li>▪ The adult's home content presents health or safety hazard (e.g., clutter or debris are present to the point that it prevents entrance to or exit from dwelling; exposed wiring within reach; fire hazards</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dirty home without health hazards or safety issues.</li> <li>▪ Clutter of dirty clothes, newspapers, boxes, etc., that does not</li> </ul>



	<p>including combustible materials near the furnace; excessive garbage or rotted food that threatens health; human/animal waste accessible in living quarters; improper disposal of human waste).</p> <ul style="list-style-type: none"> <li>▪ Bugs and/or rodents that pose a health and safety hazard (e.g., cockroaches inhabit in bedding; rat bites and maggots on the adults body; Maggots on kitchen counters, stove, etc.)</li> <li>▪ Adult has access to weapons which creates threat of harm to themselves or others.</li> </ul>	<p>interfere with entrance to and exit from the home.</p> <ul style="list-style-type: none"> <li>▪ Adult has access to weapons but has expressed no threat to harm themselves or others.</li> </ul>
	<b>Unmet Medical Needs</b>	<b>Unmet Medical Needs</b>
	<ul style="list-style-type: none"> <li>▪ Failure to obtain or access medical care for a potential life threatening condition, illness or injury.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Refusal and/or failure of medical treatment that does not impact the adult's health and safety; this could include decisions based on religious beliefs.</li> <li>▪ Adult has terminal illness/disease and choose not to utilize and/or continue extraordinary medical treatment based on moral/religious beliefs.</li> </ul>
	<b>Over/Under Utilization of Medication</b>	<b>Over/Under Utilization of Medication</b>
	<ul style="list-style-type: none"> <li>▪ Does not take medications or treatments as prescribed (including over utilization or underutilization) which presents substantial risk of harm.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Does not take medications or treatments as prescribed and understands the consequences of such.</li> </ul>

	<p align="center"><b>Immobile/Limited Mobility</b></p> <ul style="list-style-type: none"> <li>▪ No or inadequate assistance with daily living skills Activities of Daily Living Skills (ADSL) or Instrumental Activities of Daily Living Skills (IADLs)* and refusal of community services and/or or family assistance.</li> <li>▪ Unable to seek assistance for help in an emergency.</li> </ul> <p>* See appendices for examples</p>	<p align="center"><b>Immobile/Limited Mobility</b></p> <ul style="list-style-type: none"> <li>▪ Have adequate assistance from community services and/or family assistance.</li> <li>▪ Is able to seek assistance in an emergency (e.g., telephone, or emergency response system).</li> </ul>
<b>Neglect By Other</b>	<b>Lack of Basic Needs</b>	<b>Lack of Basic Needs</b>
Means the failure of a caretaker to provide such goods or services. ORC 5101.60 (K)	<ul style="list-style-type: none"> <li>▪ Incapacitated caregiver (e.g., cognitively or physically unable to provide for the adult).</li> <li>▪ Caregiver fails to provide adequate assistance with ADLs and IADLs</li> <li>▪ Abandonment by caregiver.</li> <li>▪ Imminent risk of losing shelter (e.g., eviction)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Adult is a resident of a nursing home or receiving services from the county department of developmental disabilities.</li> <li>▪ Incapacitated caregiver, but alternative arrangements have been made for the adult's care.</li> </ul>
	<b>Hazardous Living Conditions</b>	<b>Hazardous Living Conditions</b>
	<ul style="list-style-type: none"> <li>▪ Caregiver allows criminal activity to occur in the home with an impaired adult (e.g., access to drugs).</li> <li>▪ Failure of a caregiver to secure weapons in a safe manner.</li> <li>▪ Failure of a caregiver to provide the adult with a healthy and safe environment free of hazards.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The unimpaired adult is participating or allowing criminal activity in the home.</li> <li>▪ The unimpaired adult is aware of the unsecured weapons and potential safety issues.</li> </ul>

	<p style="text-align: center;"><b>Unmet Medical Needs</b></p> <ul style="list-style-type: none"> <li>▪ Failure of a caregiver to provide medical care for a potential life threatening condition, illness or injury.</li> </ul>	<p style="text-align: center;"><b>Unmet Medical Needs</b></p> <ul style="list-style-type: none"> <li>▪ Failure of a caregiver to provide medical care, but the medical treatment does not impact the adult's health and safety; this could include decisions based on religious beliefs.</li> </ul>
	<p style="text-align: center;"><b>Over/Under Utilization of Medication</b></p> <ul style="list-style-type: none"> <li>▪ Caregiver fails to provide medication or fails to follow through to see that medication is being managed properly.</li> </ul>	<p style="text-align: center;"><b>Over/Under Utilization of Medication</b></p> <ul style="list-style-type: none"> <li>▪ The unimpaired adult refuses referral to prescribed medical treatments or refuses to take prescribed medications.</li> </ul>
	<p style="text-align: center;"><b>Immobile/Limited Mobility</b></p> <ul style="list-style-type: none"> <li>▪ Caregiver fails to provide for subjects basic needs (e.g., access to food, water, clothing, bathroom needs, heat, electricity, a telephone etc.).</li> <li>▪ Caregiver failure to provide a means to exit the home in case of and emergency; or does not have the emergency response system readily available when needed.</li> </ul>	<p style="text-align: center;"><b>Immobile/Limited Mobility</b></p> <ul style="list-style-type: none"> <li>▪ Caregiver has intermittent access to the adult who has limited mobility, but the adult basic needs are met and have access to an emergency response system when needed.</li> </ul>

## APS Intake Screening Criteria

Screening intake reports of Abuse will include: Physical, Emotional, and Sexual.

Examples of the various types of Abuse will be categorized by situations (e.g., hitting, kicking, threatening, humiliation, non consensual sex, etc.)

Ohio Revised Code Definitions	Screen In	Screen out
<b>Abuse</b>	<b>Physical Injury</b>	<b>Physical Injury</b>
Means the infliction upon an adult by self or others of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish. ORC 5101.60 (A)	<ul style="list-style-type: none"> <li>▪ Physical assault by a caregiver, relative, friend, etc., of a vulnerable adult by physical force or violence that results in bodily injury, pain, or impairment.</li> <li>▪ Restraint or confinement without medical authorization.</li> <li>▪ Subject has physical injuries and there is no reasonable explanation of how the injuries occurred; or injuries are inconsistent with the explanation provided.</li> <li>▪ Serious inflicted and/or multiple injuries to any area of the body.</li> <li>▪ Inflicted injury resulting in cuts, bruises or abrasions to area's of the body.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Subject has physical injuries, but there is documentation of how the injury occurred (e.g., car accident, etc.)</li> <li>▪ Physical assault by persons not known to the adult and not involved in regular care (e.g., a stranger).</li> <li>▪ Restraint under medical supervision.</li> <li>▪ Superficial injuries that are accidental, caused by the adult subject and do not require medical treatment (e.g., minor cuts, bruises, or abrasions).</li> </ul>
	<b>Emotional</b>	<b>Emotional</b>
	<ul style="list-style-type: none"> <li>▪ The subject is being threaten, humiliate, intimidate, and/ or enduring psychologically harm (e.g., the adult is being subjected to: yelling, cursing, and belittling; threatened with</li> </ul>	<ul style="list-style-type: none"> <li>▪ The subject and caregiver have a history of personality conflicts that result in mutual disrespect toward one another (e.g., yelling, cursing at, and/or belittling each other.)</li> </ul>

	<p>abandonment or access to food/medication/social visitations).</p> <ul style="list-style-type: none"> <li>▪ Subject is threatened with a weapon by caregiver for any reason.</li> <li>▪ Subject's right to make decisions and privacy are being violated.</li> <li>▪ Subject is a frequent witness to domestic violence of caregivers or others in the household.</li> <li>▪ Subject threatening with nursing home placement.</li> </ul>	
	<b>Sexual</b>	<b>Sexual</b>
	<ul style="list-style-type: none"> <li>▪ Nonconsensual sexual contact of any kind.</li> <li>▪ Subject is the recipient of unwanted sexual acts or words.</li> <li>▪ Subject is forced to watch or listen to sexually explicit videos or songs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Consensual sexual contact.</li> <li>▪ Subject is a willing participant in viewing sexually explicit material (e.g., video, song, printed material, live acts, etc.)</li> </ul>

## APS Intake Screening Criteria

Reports of **Exploitation** are categorized by the situation (e.g., illegal or improper use of an elder's funds, property, or assets; coercing or deceiving an older person into signing a document such as a contract or will; and the improper use of conservatorship, guardianship, or power of attorney.)

Ohio Revised Code Definitions	Screen In	Screen out
<p>Exploitation means the unlawful or improper act of a caretaker using an adult or an adult's resources for monetary or personal benefit, profit, or gain.</p>	<ul style="list-style-type: none"> <li>▪ Taking money or other items from the elder's home or bank accounts.</li> <li>▪ Selling or transferring the elder's property against their wishes or best interests.</li> <li>▪ Failing to provide agreed upon services to the elder, such as care giving, home or vehicle repair, or financial management.</li> <li>▪ Using the elder's credit card for unauthorized purchases.</li> <li>▪ Using the elder's name or good credit to open new accounts.</li> <li>▪ Inappropriately withholding financial information or access to the adult subject's account(s).</li> <li>▪ Misusing elder's Power of Attorney (POA).</li> <li>▪ Refusing to return borrowed money or property as agreed upon, or when requested by the elder or their agent.</li> <li>▪ Creating or changing living trusts for the benefit of the caretaker.</li> <li>▪ Changing the elder's will trust or inheritance for the caretaker's benefit.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Adult is unimpaired and is able to meet their own needs (e.g., food/shelter/clothing/medical care), and willingly chooses to give money to caregiver.</li> <li>▪ The adult, who is currently impaired, gifted property or assets at some time in the past, and they were believed to be unimpaired at the time of the transfer.</li> </ul>

# APPENDIX A

## Activities of Daily Living

Activities of daily living (ADL) is a term used in medicine and nursing, especially in the care of the elderly.

ADLs are the things we normally do in daily living, including any daily activity we perform for self-care (such as feeding ourselves, bathing, dressing, grooming), work, homemaking, and leisure.

### **Basic ADLs**

The basic activities of daily living consist of these self-care tasks:

- Personal hygiene
- Dressing and undressing
- Eating
- Transferring from bed to chair, and back
- Voluntarily controlling urinary and fecal discharge
- Using the toilet
- Walking (as opposed to being bedridden)

### **Instrumental ADLs**

Instrumental activities of daily living are not necessary for fundamental functioning, but they let an individual live independently in a community:

- Doing light housework
- Preparing meals
- Taking medications
- Shopping for groceries or clothes
- Using the telephone
- Managing money

*Sample scales have been included in the appendices. Workers can choose whichever scale they prefer.*

**APPENDIX B**  
**(Sample Combined ADL & IADL)**

<b>Activities of Daily Living Skills (ADL)</b>	<b>No Help Needed</b>	<b>Need Assistance</b>	<b>Can Not Perform</b>	<b>Describe</b>
Bathing				
Grooming				
Dressing				
Eating				
Toileting				
Walking				
<b>Bed Bound: Yes or No      Chair Bound: Yes or No      Wheel Chair: Yes or No</b>				
<b>Instrumental Activities of Daily Living (IADL)</b>	<b>No Help Needed</b>	<b>Need Assistance</b>	<b>Can Not Perform</b>	<b>Describe</b>
Taking Medication				
Use Telephone				
Shopping				
Driving				
Laundry				
Housekeeping				
Meal Preparation				
Arrange Transportation				



## APPENDIX C

<b>KATZ BASIC ACTIVITIES OF DAILY LIVING (ADL)</b>		
	Independent	
	YES	NO
1 . Bathing (sponge bath, tub bath, or shower) Receives either no assistance or assistance in bathing only one part of body		
2 . Dressing - Gets clothes and dresses without any assistance except for tying shoes.		
3 . Toileting - Goes to toilet room, uses toilet, arranges clothes, and returns without any assistance (may use cane or walker for support and may use bedpan/urinal at night).		
4 . Transferring - Moves in and out of bed and chair without assistance (may use can or walker).		
5 . Continence - Controls bowel and bladder completely by self (without occasional "accidents").		
6 . Feeding - Feeds self without assistance (except for help with cutting meat or buttering bread).		

## APPENDIX D

<b>LAWTON - BRODY INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (I.A.D.L.)</b>			
<b>A. Ability to Use Telephone</b>		<b>E. Laundry</b>	
1. Operates telephone on own initiative-looks up and dials numbers, etc.	1	1. Does personal laundry completely	1
2. Dials a few well-known numbers	1	2. Launders small items-rinses stockings, etc.	1
3. Answers telephone but does not dial	1	3. All laundry must be done by others	0
4. Does not use telephone at all	0		
<b>B. Shopping</b>		<b>F. Mode of Transportation</b>	
1. Takes care of all shopping needs independently	1	1. Travels independently on public transportation or drives own car	1
2. Shops independently for small purchases	0	2. Arranges own travel via taxi, but does not otherwise use public transportation	1
3. Needs to be accompanied on any shopping Trip	0	3. Travels on public transportation when accompanied by another	1
4. Completely unable to shop	0	4. Travel limited to taxi or automobile with assistance of another	0
		5. Does not travel at all	0
<b>C. Food Preparation</b>		<b>G. Responsibility for Own Medications</b>	
1. Plans, prepares and serves adequate meals independently	1	1. Is responsible for taking medication in correct dosages at correct time	1
2. Prepares adequate meals if supplied with ingredients	0	2. Takes responsibility if medication is prepared in advance in separate dosage	0
3. Heats, serves and prepares meals, or prepares meals, or prepares meals but does not maintain adequate diet	0	3. Is not capable of dispensing own medication	0
4. Needs to have meals prepared and served	0		
<b>D. Housekeeping</b>		<b>H. Ability to Handle Finances</b>	
1. Maintains house alone or with occasional assistance (e.g. "heavy work domestic help")	1	1. Manages financial matters independently (budgets, writes checks, pays rent, bills, goes to bank), collects and keeps track of income	1
2. Performs light daily tasks such as dish washing, bed making	1	2. Manages day-to-day purchases, but needs help with banking, major purchases, etc.	1
3. Performs light daily tasks but cannot maintain acceptable level of cleanliness	1	3. Incapable of handling money	0
4. Needs help with all home maintenance Tasks	1		
5. Does not participate in any housekeeping tasks	0		

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**Ted Strickland, Governor**  
**Douglas E. Lumpkin, Director**  
**An Equal Opportunity Employer and Service Provider**

**(Rev. 4/2010)**