

The Barthel Index

Mahoney FI, Barthel D. "Functional evaluation: the Barthel Index" *Maryland State Med Journal* 1965;14:56-61.

Activity	Score
Feeding	
0=Unable 5=Needs help cutting, spreading butter, etc., or requires modified diet 10=Independent	
Bathing	
0=Dependent 5=Independent	
Grooming	
0=Needs help with personal care 5=independent face/hair/teeth/shaving (implements provided)	
Dressing	
0=Independent 5=Needs help but can do about half unaided 10=independent (including buttons, zips, laces, etc.)	
Bowels	
0=Incontinent (or needs to be given enemas) 5=Occasional accident 10=Continent	
Bladder	
0=Incontinent, or catheterized and unable to manage alone 5=Occasional accident 10=Continent	
Toilet Use	
0=Dependent 5=Needs some help, but can do something alone 10=Independent (on and off, dressing, wiping)	
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	
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	
Stairs	
0=Unable 5=Needs help (verbal, physical, carrying aid) 10= Independent	
Total	

Clinical Frailty Scale



1. **Very Fit** – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.



2. **Well** – People who have no active disease symptoms but are less fit than Category 1. Often, they exercise or are very active occasionally, e.g. seasonally.



3. **Managing Well** – People whose medical problems are well controlled, but are not regularly active beyond routine walking.



4. **Vulnerable** – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up,” and / or being tired during the day.



5. **Mildly Frail** – These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



6. **Moderately Frail** – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.



7. **Severely Frail** – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months).



8. **Very Severely Frail** – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.



9. **Terminally Ill** – Approaching the end of life. This category applies to people with a life expectancy < 6 months, who are not otherwise evidently frail.

Where dementia is present, the degree of frailty usually corresponds to the degree of dementia:

- **Mild dementia** – includes forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.
- **Moderate dementia** – recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.
- **Severe dementia** – they cannot do personal care without help.

K. Rockwood et al. A global clinical measure of fitness and frailty in elderly people. CMAJ 2005;173:489–495

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Geriatric Medicine Research, Dalhousie University, Halifax, Canada

Hierarchical Assessment of Balance and Mobility

MacKnight C, Rockwood K. A hierarchical assessment of balance and mobility. Age Ageing 1995; 24:126–30.

Recorder's Initials	Date Assessed (DD) (MM)																			
		Day																		
Score		-14	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18
BALANCE																				
21	Stable ambulation																			
14	Stable dynamic standing																			
10	Stable static standing																			
7	Stable dynamic sitting																			
5	Stable static sitting																			
0	Impaired static sitting																			
TRANSFERS																				
18	Independent and vigorous																			
16	Independent																			
14	Independent but slow																			
12	1 person standby																			
11	1 person minimal assistance																			
7	1 person assist																			
3	2 person assist																			
0	Total lift																			
MOBILITY																				
28	Unlimited, vigorous																			
26	Unlimited																			
25	Limited >50m, no aid																			
21	Unlimited, with aid																			
19	Unlimited with aid, slow																			
18	With aid >50m																			
16	No aid 8-50m																			
15	With aid 8-50m																			
14	With aid <8m+																			
12	1 person standby/+/- aid																			
9	1 person hands-on/+/- aid																			
7	Lying-sitting independently																			
4	Positions self in bed																			
0	Needs positioning in bed																			

Frailty Index

Cognition	<input type="checkbox"/> WNL <input type="checkbox"/> CIND <input type="checkbox"/> Dementia <input type="checkbox"/> Delirium due to illness <input type="checkbox"/> Unk If dementia, type _____
Fatigue	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Mood (check all that apply)	<input type="checkbox"/> WNL <input type="checkbox"/> Low Mood <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Psychosis/mania <input type="checkbox"/> Unk
Sensory	Hearing <input type="checkbox"/> WNL <input type="checkbox"/> Impaired <input type="checkbox"/> Unk Vision <input type="checkbox"/> WNL <input type="checkbox"/> Impaired <input type="checkbox"/> Unk Speech <input type="checkbox"/> WNL <input type="checkbox"/> Impaired <input type="checkbox"/> Unk
Mobility	Transfers <input type="checkbox"/> Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Dependent <input type="checkbox"/> Unk Ambulates <input type="checkbox"/> Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Dependent <input type="checkbox"/> Unk Aid <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk If yes, aid type: <input type="checkbox"/> Cane <input type="checkbox"/> 2ww <input type="checkbox"/> 4ww <input type="checkbox"/> Wheelchair <input type="checkbox"/> Unk Balance <input type="checkbox"/> WNL <input type="checkbox"/> Impaired <input type="checkbox"/> Unk History of Falls <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
Nutrition	Weight <input type="checkbox"/> Stable <input type="checkbox"/> Loss <input type="checkbox"/> Gain <input type="checkbox"/> Unk Appetite <input type="checkbox"/> WNL <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Unk
Function	Bathing <input type="checkbox"/> Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Dependent <input type="checkbox"/> Unk Toileting <input type="checkbox"/> Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Dependent <input type="checkbox"/> Unk Meds <input type="checkbox"/> Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Dependent <input type="checkbox"/> Unk Dressing <input type="checkbox"/> Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Dependent <input type="checkbox"/> Unk Eating <input type="checkbox"/> Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Dependent <input type="checkbox"/> Unk Finances <input type="checkbox"/> Independent <input type="checkbox"/> Assisted <input type="checkbox"/> Dependent <input type="checkbox"/> Unk
Skin	Ulcers <input type="checkbox"/> Y <input type="checkbox"/> N Edema <input type="checkbox"/> Y <input type="checkbox"/> N
Continence	Bladder <input type="checkbox"/> Continent <input type="checkbox"/> Catheter <input type="checkbox"/> Incontinent <input type="checkbox"/> Unk Bowel <input type="checkbox"/> Continent <input type="checkbox"/> Constipated <input type="checkbox"/> Incontinent <input type="checkbox"/> Unk If there is an ostomy which is managed by patient, then record continent.