Katz Index of Independence in Activities of Daily Living (ADL)

By: Donna McCabe, DNP, APRN-BC, GNP
New York University Rory Meyers College of Nursing

WHY: Age-related changes and health problems frequently show themselves as declines in the functional status of older adults. Decline may place the older adult on a spiral of iatrogenesis leading to further health problems. One of the best ways to evaluate the health status of older adults is through functional assessment, which provides objective data that may indicate future decline or improvement in health status, allowing the nurse to plan and intervene appropriately.

BEST TOOL: The Katz Index of Independence in Activities of Daily Living, commonly referred to as the Katz ADL, is the most appropriate instrument to assess functional status as a measurement of the client’s ability to perform activities of daily living independently. Clinicians typically use the tool to assess function and detect problems in performing activities of daily living and to plan care accordingly. The Index ranks adequacy of performance in the six functions of bathing, dressing, toileting, transferring, continence, and feeding. Clients are scored yes/no for independence in each of the six functions. A score of 6 indicates full function, 4 indicates moderate impairment, and 2 or less indicates severe functional impairment.

TARGET POPULATION: The instrument is used effectively among older adults in the community and all care settings. The tool is most useful when baseline measurements are taken when the client is well and compared to periodic or subsequent measures.

VALIDITY AND RELIABILITY: The Katz tool was originally developed in the late 1950s, it has been modified and simplified and different approaches to scoring have been used. However, it has consistently demonstrated its utility in evaluating functional status in the elderly population. Although no formal reliability and validity reports could be found in the literature, the tool is used extensively as a flag signaling functional capabilities of older adults in clinical and home environments.

STRENGTHS AND LIMITATIONS: The Katz ADL Index assesses basic activities of daily living. It does not assess more advanced activities of daily living. Katz developed another scale for instrumental activities of daily living such as heavy housework, shopping, managing finances and telephoning. Although the Katz ADL Index is sensitive to changes in declining health status, it is limited in its ability to measure small increments of change seen in the rehabilitation of older adults. A full comprehensive geriatric assessment should follow when appropriate. The Katz ADL Index is very useful in creating a common language about patient function for all practitioners involved in overall care planning and discharge planning.

MORE ON THE TOPIC:
Best practice information on care of older adults: https://consultgeri.org.
### Katz Index of Independence in Activities of Daily Living

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>INDEPENDENCE: (1 POINT)</th>
<th>DEPENDENCE: (0 POINTS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BATHING</td>
<td>(1 POINT) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.</td>
<td>(0 POINTS) Needs help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing care.</td>
</tr>
<tr>
<td>DRESSING</td>
<td>(1 POINT) Gets clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.</td>
<td>(0 POINTS) Needs help with dressing self or needs to be completely dressed.</td>
</tr>
<tr>
<td>TOILETING</td>
<td>(1 POINT) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.</td>
<td>(0 POINTS) Needs help transferring to the toilet, cleaning self or uses bedpan or commode.</td>
</tr>
<tr>
<td>TRANSFERRING</td>
<td>(1 POINT) Moves in and out of bed or chair unassisted. Mechanical transferring aides are acceptable.</td>
<td>(0 POINTS) Needs help in moving from bed to chair or requires a complete transfer.</td>
</tr>
<tr>
<td>CONTINENCE</td>
<td>(1 POINT) Exercises complete self control over urination and defecation.</td>
<td>(0 POINTS) Is partially or totally incontinent of bowel or bladder.</td>
</tr>
<tr>
<td>FEEDING</td>
<td>(1 POINT) Gets food from plate into mouth without help. Preparation of food may be done by another person.</td>
<td>(0 POINTS) Needs partial or total help with feeding or requires parenteral feeding.</td>
</tr>
</tbody>
</table>

**TOTAL POINTS = ______ 6 = High (patient independent) 0 = Low (patient very dependent)**


Copyright © The Gerontological Society of America. Reproduced [Adapted] by permission of the publisher.

The Hartford Institute for Geriatric Nursing recognizes Mary Shelkey, PhD, ARNP and Meredith Wallace Kazer, PhD, APRN, A/GNP-BC as the original authors of this issue.