

The Barthel Index measures the extent to which a person can function independently and has mobility in their activities of daily living (ADL). This index should be used as a record of what a patient does, not as a record of what a patient could do. The aim is to establish the degree of independence from any help, physical or verbal, however minor and for whatever reason. The Barthel Index has been evaluated for both self-report and use with proxy respondents in addition to direct observation.

Element	Details
Time to Administer	Self-report: 2-5 minutes; Direct observation: 20 minutes, but may vary according to patient's abilities and tolerance.
Type	Clinical Assessment > eForm & Print Form versions
Setting	This tool can be used within a variety of settings and is applicable to the elderly population. It identifies a variety of medications and their potential negative effect on elderly individuals.
Administration	There is no scoring or need to administer the tool.
Interpretation	The need for supervision renders the patient not independent. A patient's performance should be established using the best available evidence. Asking the patient, friends/relatives and nurses are the usual sources, but direct observation and common sense are also important. However, direct testing is not needed. Usually the patient's performance over the preceding 24-48 hours is important, but occasionally longer periods will be relevant. Middle categories imply that the patient supplies over 50 per cent of the effort. Use of aids to be independent is allowed.
Reference	Heart and Stroke Foundation Canadian Partnership for Stroke Recovery. (2015, October 07). Barthel Index (BI). Retrieved April 23, 2019, from https://www.strokeengine.ca/en/assess/bi/ Mahoney FI, Barthel D. "Functional evaluation: the Barthel Index." <i>Maryland State Med Journal</i> 1965;14:56-61. Used with permission. Retrieved on April 23, 2019, from http://www.strokecenter.org/wp-content/uploads/2011/08/barthel.pdf