

Please complete this form by filling in the required input boxes and rating your level of difficulty with the list of activities listed below by choosing a rating (as described under the activity) from the dropdown lists provided.

Patient Name (First / Last Name) :

Birthdate: YYYY-MM-DD

Evaluator Name (First / Last Name) :

Date Completed:

Activities: Choose a value from the dropdown list provided

Feeding

0 = Dependent 5 = Needs help cutting, spreading butter etc and or requires modified diet 10 = Independent

Bathing

0 = Dependent 5 = Independent

Grooming

0 = Dependent (needs help with personal care) 5 = Independent (face/hair/teeth/shaving with implements provided)

Dressing

0 = Dependent 5 = Needs help but needs about half unaided 10 = Independent (including buttons, zips, laces)

Bowels

0 = Incontinent (needs to be given enemas) 5 = Occasional accident 10 = Continent

Bladder

0 = Incontinent (needs to be catheterized or unable to manage alone) 5 = Occasional accident 10 = Continent

Toilet Use

0 = Dependent 5 = Needs some help but can do some things alone 10 = Independent (on, off, wiping and dressing)

Transfers (to chair and back):

0 = Dependent (no sitting balance) 5 = Major help (1 or 2 people) 10 = Minor help (physical or verbal) 15 = Independent

Mobility (on level surfaces):

0 = Immobile or < 50 yds (45m) 5 = Wheelchair independent, including corners > 50 yds (45 m)
10 = walks with help of one person (physical or verbal) > 50 yds (45m) 15 = Independent but may use walking aid (cane)

Stairs

0 = Unable 5 = Needs help (physical, verbal or carrying aid) 10 = Independent

Total (0 - 100)

PLEASE NOTE: When saving this form rename the by appending the patient's name to the original file name.

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