

## Barthel Index\*

To begin, I'd like to ask you about your current ability to perform some common activities. Do you need assistance for [READ ACTIVITY].

1. Eating?	No – Able to put on any assistance device; eats in reasonable time	2
	Yes – Needs assistance (e.g., for cutting up food)	1
	Yes – Dependent	0
2. Transferring between bed and chair?	No – Can lock a wheelchair, lift footrests, get out	3
	Yes – Needs minimum assistance or supervision	2
	Yes – Able to sit but needs maximum assistance to transfer	1
3. Grooming?	Yes – Dependent	0
	No – Can wash face, comb hair, brush teeth	1
	Yes – Needs assistance with grooming	0
4. Using a toilet?	No – Can get on and off, handle clothes, wipe, empty and clean bedpan	2
	Yes – Needs assistance for balance, handling clothes, or toilet paper	1
	Yes – Dependent	0
5. Bathing?	No – Can use bathtub, shower, or sponge bath with no supervision	1
	Yes – Dependent	0
6. Walking for 50 yards?	No (may use assistive device, except for rolling walker)	3
	Yes – Needs assistance to walk 50 yards	2
	Yes – Unable to walk but independent with wheelchair for 50 yards	1
7. Climbing stairs?	Yes – Dependent	0
	No – Can climb up and down (may use assistive devices)	2
	Yes – Needs assistance or supervision	1
8. Dressing?	Unable to do, even with assistance	0
	No – Can tie shoes, fasten fasteners, undress	2
	Yes – Needs assistance but does at least half of task within reasonable time	1
9. Controlling your bladder?	Yes – Dependent	0
	No accidents (able to care for collecting device, if used)	2
	Has occasional accidents (<1/d) or needs help with external device	1
10. Controlling your bowels?	Incontinent	0
	No accidents (able to use enema or suppository, if needed)	2
	Has occasional accidents (<1/wk) or needs help with enema or suppository	1
	Incontinent	0

\*Adapted from reference 28. Modified scoring from reference 29.