Activities of Daily Living Questionnaire  
Johnson et al (2004)

**Instructions:** For each item please circle the appropriate response according to your spouse’s current level of ability relative to his/her typical performance before the onset of dementia symptoms.

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| --- | --- | --- | --- |
| **Self-Care Activities** | | | |
| **Eating** | No problem | **Elimination** | Goes to the bathroom independently |
| Independent, but slow or some spills | Goes to the bathroom when reminded; some accidents |
| Needs help to cut or pour; spills often | Needs assistance for elimination |
| Must be fed most foods | Has no control over either bowel or bladder |
| Don’t know | Don’t know |
| **Dressing** | No problem | **Taking pills or medicine** | Remembers without help |
| Independent, but slow or clumsy | Remembers if dose is kept in a special place |
| Wrong sequence, forgets items | Needs spoken or written reminders |
| Needs help with dressing | Must be given medicine by others |
| Don’t know | Does not take regular pills or medicine OR Don’t know |
| **Bathing** | No problem | **Interest in personal appearance** | Same as always |
| Bathes self, but needs to be reminded | Interested if going out, but not at home |
| Bathes self with assistance | Allows self to be groomed, or does so on request only |
| Must be bathed by others | Resists efforts of caretaker to clean and groom |
| Don’t know | Don’t know |
| **Household care** | | | |
| **Preparing meals, cooking** | Plans and prepares meals without difficulty | **Home maintenance** | Does all tasks usual for him/her |
| Some cooking, but less than usual, or less variety | Does at least half of usual tasks |
| Gets food only if it has already been prepared | Occasionally rakes or some other minor job |
| Does nothing to prepare meals | No longer does any maintenance |
| Never did this activity OR Don’t know | Never did this activity OR Don’t know |
| **Setting the table** | No problem | **Home repairs** | Does all the usual repairs |
| Independent, but slow or clumsy | Does at least half of usual repairs |
| Forgets items or puts them in the wrong place | Occasionally does minor repairs |
| No longer does this activity | No longer does any repairs |
| Never did this activity OR Don’t know | Never did this activity OR Don’t know |
| **Housekeep-ing** | Keeps house as usual | **Laundry** | Does laundry as usual (same schedule, routine) |
| Does at least half of his/her job | Does laundry less frequently |
| Occasional dusting or small jobs | Does laundry only if reminded; leaves out detergent or steps |
| No longer keeps house | No longer does laundry |
| Never did this activity OR Don’t know | Never did this activity OR Don’t know |
| **Employment and recreation** | | | |
| **Employment** | Continues to work as usual | **Organisation-s** | Attends meetings, takes responsibilities as usual |
| Some mild problems with routine responsibilities | Attends less frequently |
| Works at an easier job or part-time; threatened with loss of job | Attends occasionally; has no major responsibilities |
| No longer works | No longer attends |
| Never worked OR retired before illness OR Don’t know | Never participated in organisations OR  Don’t know |
| **Recreation** | Same as usual | **Travel** | Same as usual |
| Engages in recreational activities less frequently | Gets out if someone else drives |
| Has lost some skills necessary for recreational activities  (e.g. bridge, golfing); needs coaxing to participate | Gets out in wheelchair |
| No longer pursues recreational activities | Home- or hospital-bound |
| Never engaged in recreational activities OR Don’t know | Don’t know |
| **Shopping and money** | | | |
| **Food Shopping** | No problem | **Managing finances** | No problem paying bills, banking |
| Forgets items or buys unnecessary items | Pays bills late; some trouble writing checks |
| Needs to be accompanied while shopping | Forgets to pay bills; has trouble balancing check book; needs help from others |
| No longer does the shopping | No longer manages finances |
| Never had responsibility in this activity OR Don’t know | Never had responsibility in this activity OR Don’t know |
| **Handling cash** | No problem |  | |
| Has difficulty paying proper amount, counting |
| Loses or misplaces money |
| No longer handles money |
| Never had responsibility for this activity OR Don’t know |
| **Travel** | | | |
| **Public transporta-tion** | Uses public transportation as usual | **Mobility around the neighbour-hood** | Same as usual |
| Uses public transportation less frequently | Goes out less frequently |
| Has gotten lost using public transportation | Has gotten lost in the immediate neighborhood |
| No longer uses public transportation | No longer goes out unaccompanied |
| Never used public transportation regularly OR Don’t know | This activity has been restricted in the past OR  Don’t know |
| **Driving** | Drives as usual | **Travel outside familiar environment** | Same as usual |
| Drives more cautiously | Occasionally gets disoriented in strange surroundings |
| Drives less carefully; has gotten lost while driving | Gets very disoriented but is able to manage if accompanied |
| No longer drives | No longer able to travel |
| Never drove OR Don’t know | Never did this activity OR Don’t know |
| **Communication** | | | |
| **Using the telephone** | Same as usual | **Understand-ing** | Understands everything that is said as usual |
| Calls a few familiar numbers | Asks for repetition |
| Will only answer telephone (won’t make calls) | Has trouble understanding conversations or specific words  occasionally |
| Does not use the telephone at all | Does not understand what people are saying most of the time |
| Never had a telephone OR Don’t know | Don’t know |
| **Talking** | Same as usual | **Reading** | Same as usual |
| Less talkative; has trouble thinking of words or names | Reads less frequently |
| Makes occasional errors in speech | Has trouble understanding or remembering what he/she has read |
| Speech is almost unintelligible | Has given up reading |
| Don’t know | Never read much OR Don’t know |
| **Writing** | Same as usual |  | |
| Writes less often; makes occasional spelling errors |
| Signs name but no other writing |
| Never writes |
| Never wrote much OR Don’t know |

**Additional comments:**

**Reference:**

*Johnson, N., Barion, A., Rademaker, A., Rehkemper, G., & Weintraub, S. (2004). The Activities of Daily Living Questionnaire: a validation study in patients with dementia. Alzheimer Disease & Associated Disorders, 18(4), 223-230.*