Barthel Index

BARTHEL INDEX

Patient name: _____ **Patient date of birth:** _____ dd / mm / yyyy

Raters name: _____ **Date and time of rating:** _____

Feeding

◯ 0 = Unable ◯ 5 = Needs help cutting, spreading butter, etc., or requires a modified diet ◯ 10 = Independent

Bathing

◯ 0 = Dependent ◯ 5 = Independent (or in shower)

Grooming

◯ 0 = Needs to help with personal care ◯ 5 = Independent face/hair/teeth/shaving (implements provided)

Dressing

◯ 0 = Dependent ◯ 5 = Needs help but can do about half unaided ◯ 10 = Independent (including buttons, zips, laces, etc.)

Bowels

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

Bladder

◯ 0 = Incontinent, or catheterized and unable to manage alone ◯ 5 = Occasional accident ◯ 10 = Continent

Toilet use

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

Transfer (bed to chair and back)

◯ 0 = Unable, no sitting balance ◯ 5 = Major help (one or two people, physical), can sit
◯ 10 = Minor help (verbal or physical) ◯ 15 = Independent

Mobility (on level surfaces)

◯ 0 = Immobile or < 50 yards ◯ 5 = Wheelchair independent, including corners, > 50 yards
◯ 10 = Walks with help of one person (verbal or physical) > 50 yards
◯ 15 = Independent (but may use any aid; for example, stick) > 50 yards

Stairs

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

Total score: _____

Additional notes - Specify below: