

# RIVERMEAD EXTENDED ACTIVITIES OF DAILY LIVING INDEX

PATIENT'S NAME:

HOSPITAL NUMBER:

How often have you undertaken the following activities in the last 4 weeks without help?

## DOMESTIC ACTIVITIES

**Outpatient score:**

- 0 = Not at all
- 1 = 1-4 times (<1xweek)
- 2 = More than 5 times.

**In-patient score:**

- 0 = Not at all or with help
- 1 = With supervision only
- 2 = Independently

DATE

**Prepared a hot drink?**

*Tea/coffee/cocoa & kettle available on work surface.*

**Prepared a cold snack (bread/butter/jam)?**

*Ingredients and equipment available on work surface.*

**Prepared a hot snack or microwave meal?**

*Eg. Beans/cheese on toast. Or used microwave properly to heat a meal which may have been bought or prepared by others.*

**Prepared a hot main meal?**

*Sufficient for the main meal of the day. All materials available in kitchen cupboards/shelves etc.*

**Done some washing up?**

*Cups, dishes, utensils. Can be left to dry.*

**Washed dirty clothes and made ready to wear?**

*Washed by any means, dried and made ready to wear.*

## COMMUNITY ACTIVITIES

**Outpatient score:**

- 0 = Not at all
- 1 = Once only
- 2 = More than once.

**In-patient score:**

- 0 = Not at all or with help
- 1 = With supervision only
- 2 = Independently

**Been to local shop and bought 2 + items.** *Left home or hospital and safely returned with eg. newspaper/sweets.*

**Crossed a road.** *Successfully handled traffic: more than one car a minute.*

**Used a bus or train.** *Left home/hospital and reached correct destination by public transport.*

**Visited a large shop to buy 10+ items.** *Correctly bought many items and returned with them, by any means.*

**TOTAL**