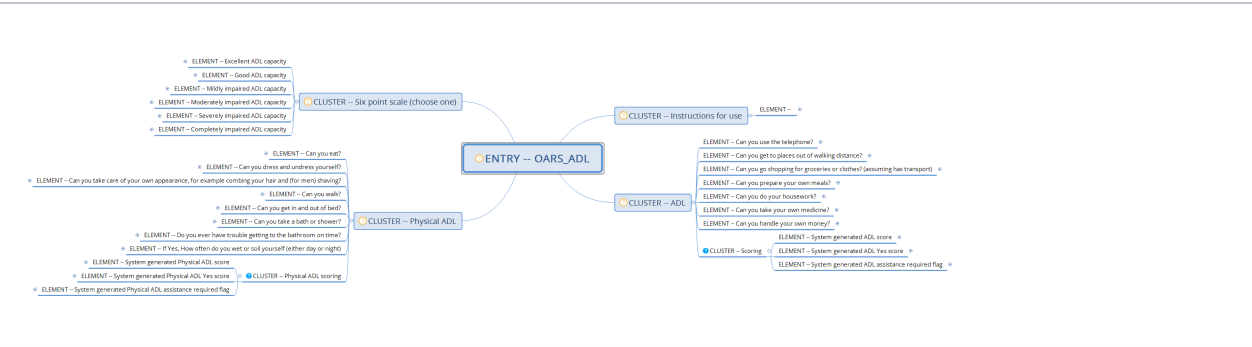


# OARS-IADLS

If you're interested in this clinical form for use in Explorer Online please [get in touch](#).

Clinical Form Name	OARS-IADLS
Clinical Area(s)	Aged Care
Description of Use	A modified activity of daily living assessment scale to quantify a person's ability to perform tasks considered essential for community living.
Availability	Yes, full access in Explorer Online
Explorer Online Screenshot	<div><div>OARS_ADL</div><div>ASSESSMENT DETAILS</div><div><div>COLLECTED BY</div><div><div>GIVEN NAME</div><div>Mel</div></div><div><div>FAMILY NAME</div><div>Smith</div></div><div><div>ROLE</div><div>Partner</div></div><div><div>CONTACT NUMBER</div><div>0425222154</div></div></div><div><div>DATE OF ASSESSMENT</div><div>25/05/2023</div></div><div><div>START TIME</div><div>25/05/2023</div><div>12</div><div>:</div><div>00</div><div>PM</div></div><div><div>FINISH TIME</div><div>25/05/2023</div><div>12</div><div>:</div><div>30</div><div>PM</div></div><div><div>WAS THERE A SUPPORT PERSON ASSISTING THE CLIENT TO COMPLETE THE ASSESSMENT?</div><div><div>Yes</div><div>No</div></div></div><div><div>MODE</div><div><div>Face to face</div><div>Over the phone</div><div>Via tele-health</div></div></div><div><div>ASSESSMENT TYPE</div><div><div>Digital form</div><div>Paper form</div><div>eCase</div></div></div><div>INSTRUCTIONS FOR USE</div><div><div>Instructions for use</div><div>These are questions about some of the activities of daily living, things that we all need to do as part of our daily lives. We want to know if you can do these activities without any help at all, or if you need some help to do them, or if you can't do them at all. Be sure to read all answer choices if applicable. 1. Rate the current activities of daily living of the person being evaluated on the six-point scale presented below. Check the box against one phrase which best describes the person's present performance. 2. Note: These are the activities of 'daily living' questions (numbers 56-69).</div></div><div>ADL</div><div><div>CAN YOU USE THE TELEPHONE?</div><div>2 without help, including looking up numbers and dialling</div></div><div><div>CAN YOU GET TO PLACES OUT OF</div><div>1 with some help (need someone to help you or go with you when travelling)</div></div></div>
Report Preview	<div><div><div>Mrs Patient Marie TEST</div><div>Born 12-Dec-1990 (32y). Gender Female. 32y at the time of observation</div></div><div><div>Address 12 Demo Street MAROOCHYDORE QLD 4558</div><div>Phone (07)54566000</div><div>Medicare No 4608688371/1</div></div><div><div>Specimen</div><div><div>Lab No 16083DCB-9E02-4058-A032-CD732761FD2B</div><div>Request Date 25/05/2023 2:01 PM</div><div>Effective Date 25/05/2023 2:01 PM</div><div>Generated Date 25/05/2023 1:58 PM</div></div></div><div>OARS-IADL (E DAY)</div><div>ASSESSMENT DETAILS</div><div><div>Collected by</div><div><div>Given name</div><div>Mel</div></div><div><div>Family name</div><div>Smith</div></div><div><div>Role</div><div>Partner</div></div><div><div>Contact number</div><div>0425222154</div></div><div><div>Date of assessment</div><div>25/05/2023</div></div><div><div>Start time</div><div>25/05/2023 12:00 PM</div></div><div><div>Finish time</div><div>25/05/2023 12:30 PM</div></div><div><div>Was there a support person assisting the client to complete the assessment?</div><div>False</div></div><div><div>Mode</div><div>Face to face</div></div><div><div>Assessment type</div><div>Digital form</div></div></div><div>INSTRUCTIONS FOR USE</div><div><div>&lt;b&gt;Instructions for use&lt;/b&gt;</div><div>These are questions about some of the activities of daily living, things that we all need to do as part of our daily lives.</div><div>We want to know if you can do these activities without any help at all, or if you need some help to do them, or if you can't do them at all.</div><div>Be sure to read all answer choices if applicable.</div><div>1. Rate the current activities of daily living of the person being evaluated on the six-point scale presented below. Check the box against one phrase which best describes the person's present performance.</div><div>2. Note: These are the activities of 'daily living' questions (numbers 56-69).</div></div></div>

Mind Map



Excel File /Structure

CEN.OARS\_IADL.v1.xlsx

Editor Screensh  
ot

```
// CEN.OARS_IADL.v1
|-- Description
--| Uses 0 Archetype(s)
|-- Definition
|-- ENTRY -- OARS_ADL
|-- CLUSTER -- Assessment details
|-- CLUSTER -- Collected by
|-- ELEMENT -- Given name
|-- ELEMENT -- Family name
|-- ELEMENT -- Role
|-- ELEMENT -- Contact number
|-- ELEMENT -- Date of assessment
|-- ELEMENT -- Start time
|-- ELEMENT -- Finish time
|-- ELEMENT -- Was there a support person assisting the client to complete the assessment?
|-- ELEMENT -- Mode
|-- ELEMENT -- Assessment type
|-- CLUSTER -- Instructions for use
|-- ELEMENT --
|-- CLUSTER -- ADL
|-- ELEMENT -- Can you use the telephone?
|-- ELEMENT -- Can you get to places out of walking distance?
|-- ELEMENT -- Can you go shopping for groceries or clothes? (assuming has transport)
|-- ELEMENT -- Can you prepare your own meals?
|-- ELEMENT -- Can you do your housework?
|-- ELEMENT -- Can you take your own medicine?
|-- ELEMENT -- Can you handle your own money?
|-- CLUSTER -- Scoring
|-- CLUSTER -- Physical ADL
|-- ELEMENT -- Can you eat?
|-- ELEMENT -- Can you dress and undress yourself?
|-- ELEMENT -- Can you take care of your own appearance, for example combing your hair and (for men) shaving?
|-- ELEMENT -- Can you walk?
|-- ELEMENT -- Can you get in and out of bed?
|-- ELEMENT -- Can you take a bath or shower?
|-- ELEMENT -- Do you ever have trouble getting to the bathroom on time?
|-- ELEMENT -- If Yes, How often do you wet or soil yourself (either day or night)
|-- CLUSTER -- Physical ADL scoring
|-- CLUSTER -- Six point scale (choose one)
|-- CLUSTER -- System prompts
|-- ELEMENT -- Copyright notice
```