CLINIC NAME · ADDRESS · PHONE

Modified Barthel Index Form

PATIENT

Patient name

Date of birth / ID

Date of assessment

Assessment (admission / interim / discharge)

SCORING

Circle the points for the level that applies. Score ambulation OR wheelchair propulsion.

Activity	Unable	Unsafe	Moderate help	Minimal help	Independent	Score
Personal hygiene (0 · 1 · 3 · 4 · 5)						
Bathing self (0 · 1 · 3 · 4 · 5)						
Feeding (0 · 2 · 5 · 8 · 10)						
Toilet (0 · 2 · 5 · 8 · 10)						
Stair climbing (0 · 2 · 5 · 8 · 10)						
Dressing (0 · 2 · 5 · 8 · 10)						
Bowel control (0 · 2 · 5 · 8 · 10)						
Bladder control (0 · 2 · 5 · 8 · 10)						
Ambulation (0 · 3 · 8 · 12 · 15)						
or Wheelchair (0 · 1 · 3 · 4 · 5)						
Chair / bed transfers (0 · 3 · 8 · 12 · 15)						

RESULT

Total (out of 100, or 90 in wheelchair mode)

Dependence band

- ☐ 0–20 Total dependence
- ☐ 21–60 Severe dependence
- ☐ 61–90 Moderate dependence
- ☐ 91–99 Slight dependence
- ☐ 100 Independent

Notes: items that changed since the last assessment

SIGN-OFF

Practitioner name and credentials

Signature

Date and time

Next visit / review date

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