

This is a **Sample** version of the

## Cleveland Scale for Activities of Daily Living (CSADL)

The **full version** of the CSADL comes without 'sample' watermark.  
The complete version comes in 2 parts –  
Part 1: User manual, Part 2: Test materials kit.

The full complete version includes –

- Overview
- Validity & CSADL normative data analysis.
- Full CSADL User Manual (50 pages)
- Complete Administration and scoring forms.
- All Test materials such as - Response cards and templates

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# Cleveland Scale for Activities of Daily Living (CSADL)

## OVERVIEW

The Cleveland Scale for Activities of Daily Living (CSADL: Patterson, Mack, et al., 1992; Patterson and Mack, 2001; Mack and Patterson, 2006a) is designed to evaluate dependency upon others to carry out activities of daily living (ADL). The scale focuses on aspects of behavior that are affected by cognitive as well as physical impairments. It is specifically intended to be used with elderly persons who have generalized cognitive impairments associated with dementia.

The CSADL is designed to be used only when it can be assumed that the person to be rated has an essentially normal developmental history and, prior to becoming demented, was functioning as a normal adult. It is not intended to be used with persons who have a history of mental retardation, developmental disorders, mental illness, or any other significant, life-long problems that might affect an individual's ability to function independently. The scale is designed to evaluate present and enduring behavior and may not be useful in evaluating individuals with transient problems such as a broken limb or an episode of high fever with confusion.

## TEST ADMINISTRATION

The scale is to be administered by a trained examiner. Although the examiner need not be someone with an advanced professional degree, he or she must be thoroughly familiar with all the material in this manual before administering the scale. The scale is to be administered to an informant who knows the patient well. Since the informant must be aware of the extent of the patient's dependency, the ideal informant should be the patient's primary caregiver and should have had contact with the patient on a daily basis both before and since dementia onset. At a minimum the informant should have been in direct contact with the patient two or more days per week over the last three months.

## SCORING

CSADL Scores. There are seven CSADL scores. Three scores are generally used: "Total" (with 46 items) and two sub-scale scores, "Bas" (Basic, with 21 items) and "Ins" (Instrumental, with 19 items). In addition there are three equivalent "dementia-related" scores, Total-DR, Bas-DR, Ins-DR and one score, Total ID (Total Items Dependent), that is simply a count of all the items that are rated dependent (1, 2, or 3)

The three total scores (Total, Total ID, and Total-DR) are based on 46 CSADL items. Two sub-scale scores, Bas and Ins, are based on 21 and 19 items respectively, selected on the basis of a series of factor analyses carried out to determine the factor structure of the CSADL (Mack and Patterson 2006a).

Bas-DR and Ins-DR are based on those same 21 and 19 items. Two items are not used to calculate any of these seven scores: item 32 (works for pay), which is left unrated so frequently it is not included in scoring, and item 48, which does not pertain to a single behavior. A list of all items, including the subscale on which they are loaded, can be found in the Tests Materials.

# Example of CSADL TEST MATERIALS –

## Cleveland Scale for Activities of Daily Living (CSADL)

### Test Instructions

Begin by explaining to the informant the general nature of what will be asked. Introduce the test in the following fashion:

I'M GOING TO ASK YOU A SERIES OF QUESTIONS ABOUT HOW MUCH [S] IS ABLE TO DO THINGS ON [S'S] OWN. I WANT YOU TO DECIDE IF [S] CAN DO THINGS INDEPENDENTLY, OR IF [S] NEEDS DIRECTION OR HELP. IF [S] DOES NEED SOME DIRECTION OR HELP, THEN I WOULD LIKE YOU TO TRY TO DECIDE JUST HOW MUCH [S] NEEDS.

When reading these instructions, for every occurrence of the term [S] substitute an appropriate noun, pronoun, or name (e.g., "she," "him," "your mother," etc.).

Place the Response Card so that it is facing the informant, with the card turned so that it shows the version appropriate for the person being rated. Then read the following instructions aloud:

HERE ARE SOME DESCRIPTIONS OF HOW MUCH DIRECTION OR HELP [S] MIGHT NEED. I WANT YOU TO CHOOSE FROM THIS LIST WHEN YOU'RE ANSWERING EACH QUESTION.

Then read the response choices aloud and provide any further explanation necessary in a manner consistent with the general instructions from the test manual.

### Response Card

For each item choose one of the following ratings:

- |          |                            |   |
|----------|----------------------------|---|
| <b>0</b> | <b>Never Dependent</b>     | He does this effectively, quite independently, without any direction or help.                             |
| <b>1</b> | <b>Sometimes Dependent</b> | He usually does this independently, but sometimes or in some situations he needs direction or help.       |
| <b>2</b> | <b>Usually Dependent</b>   | He usually requires some direction or help, but sometimes or in some situations he does it independently. |
| <b>3</b> | <b>Always Dependent</b>    | He always requires direction or help. He never does it independently.                                     |

# Response form

## CLEVELAND SCALE FOR ACTIVITIES OF DAILY LIVING (CSADL)

Name or ID of Subject \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_ Rater \_\_\_\_\_

mm d d y y

Name of Informant \_\_\_\_\_

Relation of Informant to Subject (*Circle one.*)

- |           |                          |
|-----------|--------------------------|
| 1 Spouse  | 4 Friend or other family |
| 2 Child   | 5 Professional: _____    |
| 3 Sibling | 6 Other: _____           |

Contact with Subject

- |   |                     |
|---|---------------------|
| 1 | 2 days/week         |
| 2 | 3-4 days/ week      |
| 3 | 5 or more days/week |

Interview Type

- |   |           |
|---|-----------|
| 1 | Visit     |
| 2 | Telephone |

To administer this scale, the rater must be thoroughly familiar with the Manual, which includes the full instructions. Place rating in blank after each item number. Several items have specific rating instructions. In particular, some require special questioning if the subject is rated as dependent (rating of 1, 2, or 3).

### **Rating**    *Meaning of Rating*

- |   |   |
|---|---|
| 0 | <b>Never Dependent.</b> [S] does this effectively, quite independently, without any direction or help.                                |
| 1 | <b>Sometimes Dependent.</b> [S] usually does this independently, but sometimes or in some situations [S] needs direction or help.     |
| 2 | <b>Usually Dependent.</b> [S] usually requires some direction or help, but sometimes or in some situations [S] does it independently. |
| 3 | <b>Always Dependent.</b> [S] always requires direction or help. [S] never does it independently.                                      |
| 9 | Cannot rate because of insufficient information   |

### **Bathing**

- \_\_\_ Initiates bath or shower with appropriate frequency and at appropriate times
- \_\_\_ Prepares bath/shower (draws water of proper temperature, ensures soap and towel are present, etc.)
- \_\_\_ Gets in and out of tub or shower
- \_\_\_ Cleans self

### **Toileting**

- \_\_\_ Able to physically control timing of urination
- \_\_\_ Able to physically control timing of bowel movements
- \_\_\_ Recognizes need to eliminate
- \_\_\_ After toileting, cleans and re-clothes self appropriately

