Physical Self-Maintenance Scale (PSMS)¹

Original Observer-Rated Version

For information on this instrument, see the review article by Lawton, this issue. (This instrument is reprinted with permission of the Gerontological Society of America, ©1969, from Lawton & Brody: Assessment of older people: Self-maintaining and instrumental activities of daily living, Gerontologist 9:179–186, 1969.)

Basic Reference


Address inquiries regarding this scale to:

M. Powell Lawton, Ph.D.
Philadelphia Geriatric Center
5301 Old York Road
Philadelphia, PA 19141

¹Adapted by Elaine M. Brody and M. Powell Lawton from the Langley-Porter Physical Self-Maintenance Scale.
Physical Self-Maintenance Scale (PSMS)

Subject's Name ____________________________ Rated by ______ Date ____________

Circle one statement in each category A-F that applies to subject.

A. Toilet
1. Cares for self at toilet completely, no incontinence.
2. Needs to be reminded or needs help in cleaning self, or has rare (weekly at most) accidents.
3. Soiling or wetting while asleep more than once a week.
4. Soiling or wetting while awake more than once a week.
5. No control of bowels or bladder.

B. Feeding
1. Eats without assistance.
2. Eats with minor assistance at meal times and/or with special preparation of food, or help in cleaning up after meals.
3. Feeds self with moderate assistance and is untidy.
4. Requires extensive assistance for all meals.
5. Does not feed self at all and resists efforts of others to feed him/her.

C. Dressing
1. Dresses, undresses, and selects clothing from own wardrobe.
2. Dresses and undresses self, with minor assistance.
3. Needs moderate assistance in dressing or selection of clothes.
4. Needs major assistance in dressing, but cooperates with efforts of others to help.
5. Completely unable to dress self and resists efforts of others to help.

D. Grooming (neatness, hair, nails, hands, face, clothing)
1. Always neatly dressed, well-groomed, without assistance.
2. Grooms self adequately with occasional minor assistance, e.g., shaving.
3. Needs moderate and regular assistance or supervision in grooming.
4. Needs total grooming care, but can remain well-groomed after help from others.
5. Actively negates all efforts of others to maintain grooming.

E. Physical Ambulation
1. Goes about grounds or city.
2. Ambulates within residence or about one block distant.
3. Ambulates with assistance of (check one) a. another person ___ b. railing ___ c. cane ___ d. walker ___ e. wheelchair ___
   1. ___ gets in and out without help.
   2. ___ needs help in getting in, out.
4. Sits unsupported in chair or wheelchair, but cannot propel self without help.
5. Bedridden more than half the time.

F. Bathing
1. Bathes self (tub, shower, sponge bath) without help.
2. Bathes self with help in getting in and out of tub.
3. Washes face and hands only, but cannot bathe rest of body.
4. Does not wash self, but is cooperative with those who bathe him/her.
5. Does not try to wash self, and resists efforts to keep him/her clean.
Physical Self-Maintenance Scale (PSMS)¹

Self-Rated Version

Incorporated in the Philadelphia Geriatric Center
Multilevel Assessment Instrument (MAI)

For information on this instrument, see the review article by Lawton, this issue. (This instrument is reprinted with permission of the Gerontological Society of America. ©1982, from Lawton et al.: A research and service-oriented Multilevel Assessment Instrument, J. Gerontol. 37:91–99, 1982.)

References


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5301 Old York Road
Philadelphia, PA 19141

¹Adapted by Elaine M. Brody and M. Powell Lawton from the Langley-Porter Physical Self-Maintenance Scale.
Physical Self-Maintenance Scale (PSMS)
Self-Rated Version Extracted From the Multilevel Assessment Instrument (MAI)

<table>
<thead>
<tr>
<th></th>
<th>1. Do you eat:</th>
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<tr>
<td></td>
<td>without any help.</td>
<td>3</td>
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<tr>
<td></td>
<td>with some help (cutting food, identifying for blind, etc.), or</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>does someone feed you?</td>
<td>1</td>
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<tr>
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<th>2. Do you dress and undress yourself:</th>
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<tbody>
<tr>
<td></td>
<td>without any help (pick out clothes, dress and undress yourself).</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>with some help (dressing or undressing), or</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>does someone dress and undress you?</td>
<td>1</td>
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<tr>
<th></th>
<th>3. Do you take care of your own appearance, things like combing your hair (FOR MEN: and shaving):</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>without help,</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>with some help, or</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>does someone do all this type thing for you?</td>
<td>1</td>
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</tbody>
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<tr>
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<th>4. Do you get around your (house/apartment/room):</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>without help of any kind (except for a cane).</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>with some help (from a person or using a walker, crutches, chair), or</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>don't you get around your home at all unless someone moves you?</td>
<td>1</td>
</tr>
</tbody>
</table>
5. Do you get in and out of bed:
   - without any help or aid, 3
   - only with some help (from a person or device), or 2
   - don't you get in and out of bed unless someone lifts you? 1

6. Do you bathe—that is, take a bath, shower, or sponge bath:
   - without any help, 3
   - with some help (from a person or device), or 2
   - only when someone bathes you (lifts in and out or bathes)? 1

7a. Do you ever have trouble getting to the bathroom on time?
   - Yes 1
   - No 2

7b. About how often do you wet or soil yourself during the day or night?
   - Never 4
   - Less than once a week 3
   - Once or twice a week 2
   - Three times a week or more 1