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Learn More An observation and interview-based assessment to evaluate function in basic living skills by testing 17 skills in the 5 areas of self-care, safety and health, money management, community mobility and telephone, and employment and leisure participation. This is often used inpatient or outpatient for older adults. 17 items are scored through observation of performance or patient-reported interview questions. Each skill is rated independent, "needs assistance," or not applicable. In the second edition of the KELS, a numerical score was calculated based on the following criteria: -Items are scored such that "independent" = 0 points and "needs assistance" = 1 point, resulting in a total score ranging from 0-17. -Work and Leisure items receive point for each needs assistance. -A total score of 6 to 17 indicates need for assistance to live in community. -A total score of 5.5 or less indicates a client is capable of living independently. Can be administered by any health professional. Pencil paper KELS flash drive (banking, reading/writing, price tags, bank information card, sample of recorded message card, check form, money order form, utility bill, score form) Reading and writing form Household situation pictures Telephone book cell phone Tablet/notebook/laptop toothbrush deck of cards Utility bill with current due date money check form envelope landline telephone KELS score form Reading an Article/Manual Acquired Brain Injury: (Robnett et al., 2015; n = 31; age range = 18-64 years; TBI = 15, CVA=9, brain tumor = 2, anoxic brain injury = 2, concurrent TBI and SCI = 2, alcohol induced amnesic syndrome = 1; New England sample)mean score = 3.5 Concurrent validity Acquired Brain Injury: (Robnett et al., 2015)Adequate correlation with Safe at Home Screening (SAH) (r = -.53, p = .002) Content validity of the KELS was determined by a team of expert occupational therapists. The therapists rated the clients needed level of assistance and home safety, which was then correlated with the KELS score. There was a moderate correlation for both level of assistance and home safety level. (Robnett et al., 2015, pg. 22) Older Adults in the Community: (Zimnavoda, Weinblatt, & Katz, 2002; Community group: n = 34; mean age = 77.5 (6.9) years; Sheltered housing group: n = 44; mean age = 83.9 (5.7) years; Day care group: n = 14; mean age = 77 (10.5) years; Israeli sample; scores from Hebrew translation of KELS compared to Mini Mental State Examination (MMSE), Functional Independence Measure (FIM), and Routine Task Inventory (RTI) scores)Community group mean KELS score: 1.87 (2.50)Sheltered housing group mean KELS score: 4.37 (3.89)Day care group mean KELS score: 10.28 (4.61)Elderly Self-Neglectors: (Naik, Burnett, Pickens-Face, & Dyer, 2008; Self-neglect referral group: n = 100; mean age = 76.5 (7.2) years; Community-living control group: n = 100; mean age = 76.1 (6.9); Texas sample)Self-neglect group mean KELS score: 5.9 (2.7)Community-living control group mean KELS score: 4.3 (2.2) Older Adults in the Community: (Zimnavoda et al., 2002)Recommended that test-retest reliability undergo further evaluation Interrater reliabilityOlder Adults in the Community:100% agreement between two occupational therapists rating 10 subjects (Zimnavoda et al., 2002)Adequate to excellent interrater reliability (ICC = .74-.98) (Kohlman & McCourty, 1978; unpublished manuscript without details on population) Concurrent validityOlder Adults in Assisted Living: (Cinquemano, Gaijjar, & Martin, 2009); unpublished masters thesis without details on populationAdequate concurrent validity: Scores on MMSE correlated with scores on the second and third version of KELS (no ICC given)Older Adults in the Community: (Zimnavoda et al., 2002)Excellent Spearman correlations in all participants (p = 0.000)Excellent concurrent validity for all measures:KELS and MMSE: r = -.0757KELS and FIM: r = -.0707KELS and RTI: r = -.0895Predictive validityInpatients on Geriatric Unit: (Morrow, 1985; n = 20); unpublished masters thesis without details on populationExcellent predictive validity; pre-discharge KELS scores were 100% accurate in predicting which geriatric patients would be successful in community-living placements 40 days after discharge (r = 1.00)Elderly Self-Neglectors: (Pickens et al., 2006; self-neglect group: n = 50; mean age = 76.3 y; community control group: n = 50; mean age = 76.5 y)Self-neglectors were significantly more likely to fail the KELS than community matched controls (50% vs 30%, chi squared = 5.0, p = .025). Convergent Validity:Older Adults in the Community: (Burnett, Dyer, & Naik, 2009; adult protective services referral group: n = 100, mean age = 76.5 (7.2); community comparison group: n=100, mean age = 76.1 (6.9); Texas sample)Correlation coefficients of KELS scores with various functional, cognitive, affective, and Executive function measures among a sample of community-living older adultsAssessment measuresAll Participants r* (p-value)Community Comparison Group r* (p-value)Adult Protective Services Referral r* (p-value)Modified Physical Performance Test.472 (