

**This assessment review was compiled by our students and is intended to be used as a guide in assisting clinicians. We encourage you to review the evaluations and assessments for yourself to guarantee the most accurate and updated information.*

I. General Information

Title of the test: The Milwaukee Evaluation of Daily Living Skills (MEDLS)

Author: Carol Leonardelli, PhD, OT, FAOTA

Publisher: SLACK Incorporated

Time required to administer: Up to two hours to administer (if conduct all subtests); may be administered in more than one session

Cost of the Test: Limited availability; *future revision* expected. Amazon used manual/\$25

II. Description of Test

Type/Purpose of Test:

Observation-based rating scale, time limited

MEDLS was developed to provide a behavioral measure of the abilities of persons with long-term mental illness to do basic and complex activities of daily living

This behavioral assessment is intended to provide a standard, quantifiable measure of daily living skills for lower-functioning, long-term psychiatric clients.

The MEDLS is designed to: 1) measure individual client performance as a baseline for treatment, 2) document treatment effectiveness and 3) assist in making informed decisions about an individual's potential to function in the least restrictive residential situation possible.

Population:

Adults, ages 18 and above with a history of mental illness of at least two years duration who has been hospitalized or under care at a skilled nursing facility, community-based residential facility, half-way house or so forth for a cumulative period of at least six months within the past two years; or is receiving treatment due to a mental or emotional disorder for a minimum of two years.

Focus of measurement:

Organic systems Abilities Participation/life habits Environmental Factors

III. Practical Administration

Ease of Administration: Administered individually, no groups (except for *Eating*). Screening Form is provided to narrow down which skill areas need assessment. Administration varies depending on which subtests' are administered.

Administering all subtests is very time consuming. Though, the actual administration of each subtest is clear and simple (especially for an OT).

Clarity of Directions:

Directions are minimal and described as "self explanatory." Specific information about method, procedures, equipments, skills, and scoring are provided with each subtest.

Scoring Procedures:

Very simple. Each subtest is scored individually, according to the number of skills needed to be completed effectively for competence in that skill area. There is no cumulative score. Level of performance in each subtest is indicated by a score

measured in relation to the overall score for that subtest alone. Deficits in specific skills are indicated by using “key words” in conjunction with the score for that subtest. The Reporting Form indicates if a client is below maximum level or performance in a specific skill area and in what skills they are deficient; it also shows in what areas the client is competent, if the skill is not relevant, or if the skill was not able to be assessed. *Test scores provide an indication of performance in daily living skills to be used as a baseline for treatment and to measure progress.

Examiner Qualification & Training

Originally designed mainly for occupational therapy, but can be used by other professions if desired. No specific qualifications or training are cited, but it does require understanding of activity analysis (OT).

IV. Technical Considerations

Standardization: ___ Norms Criterion Referenced Other _____

Reliability: Interrater reliability ranged from 0.40 to 1.00 for 17 of the 20 subsets; most were at 0.80 or above.

Validity: Content validity was demonstrated by literature review and consultation with experts. The author recommends that criterion-related studies be carried out.

Manual: ___ Excellent Adequate ___ Poor

What is (are) the setting/s that you would anticipate using this assessment?

Psychiatric facilities, skilled nursing facilities, halfway houses, group homes, outpatient and day treatment programs

Summary of strengths and weaknesses:

Weakness:

Does not address pathology that may interfere with client's performance

Time consuming

Lacks difficult items needed to accurately evaluate the ability of the more capable clients

Minimal amount of information regarding how to report and interpret scores

Strength:

Does not rely on self report

Measures performance *skills*

Skills can be observed outside of the home/community (inpatient, residential)

Ability to *observe* client perform skills

Allows opportunities for client and therapist to interact

Occupation based