



Checklist of Activities of Daily Living (ADL)

Date: _____

Use this list to determine level of assistance needed.

Function	Independent	Needs Help	Dependent	Does Not Do
Bathing				
Dressing				
Grooming				
Oral Care				
Toileting				
Transferring				
Walking				
Climbing Stairs				
Eating				
Shopping				
Cooking				
Managing Meds				
Using the Phone				
Housework				
Laundry				
Driving				
Managing Finances				

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