

# Activities of Daily Living Assessment



A needs assessment can be used in conjunction with a professional medical evaluation to inform care decisions. Use this tool to evaluate a senior’s functional status, assess the level of daily assistance they need, make their home safer and more accessible, and create a care plan.

Name: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Current Residential Setting: \_\_\_\_\_

Indicate any health concerns and medical diagnoses that require ongoing medical care or impact the level of daily functioning.

Health Concerns and Medical Diagnoses	
<input type="checkbox"/> Alzheimer’s / Other Dementia	<input type="checkbox"/> Heart Disease, CHF
<input type="checkbox"/> Anxiety Disorder	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Arthritis, Joint Pain	<input type="checkbox"/> Incontinence
<input type="checkbox"/> Cancer	<input type="checkbox"/> Lung Disease, COPD
<input type="checkbox"/> Cognitive Decline	<input type="checkbox"/> Mobility Issues
<input type="checkbox"/> Depression	<input type="checkbox"/> MS
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Parkinson’s Disease
<input type="checkbox"/> General Age-related Decline	<input type="checkbox"/> Sleep Issues
<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Vision Loss

Notes:

To complete the following functional assessment, observe the senior's daily routine and note how much assistance they require to accomplish activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

Activity	Accomplishes Alone	Needs Some Help	Completely Dependent
Bathing/Showering			
Dressing			
Toileting			
Planning Balanced Meals			
Preparing Meals			
Feeding Self/Eating			
Standing from Sitting			
Transfer to/from Chair			
Transfer to/from Bed			
Walking			
Using Telephone			
Calling for Help			
Managing Medications			
Shopping			
Driving/Managing Transportation			
Managing Personal Finances			
Pays Bills			
Light Housework			
Laundry			

Notes:

The following list can be used to indicate challenges that impact functioning within the home environment. Use this checklist as a guide for home modifications that can help improve an elder's functional independence as their needs and abilities change.

<b>Environment Challenges</b>	
<input type="checkbox"/> Climbing Stairs	<input type="checkbox"/> Using Oven/Stovetop
<input type="checkbox"/> Turning Doorknobs	<input type="checkbox"/> Using Microwave/Toaster/Small Appliances
<input type="checkbox"/> Locking/Unlocking Doors	<input type="checkbox"/> Opening Cans/Jars/Food Packaging
<input type="checkbox"/> Operating Light Switches	<input type="checkbox"/> Using Large Utensils for Food Preparation
<input type="checkbox"/> Navigating Across Door Thresholds	<input type="checkbox"/> Sitting/Standing for Toileting
<input type="checkbox"/> Retrieving and Sorting Mail	<input type="checkbox"/> Entering Shower/Bathtub
<input type="checkbox"/> Moving Between Carpeted & Non-Carpeted Areas	<input type="checkbox"/> Operating Thermostat
<input type="checkbox"/> Pulling Cabinets and Drawers in Kitchen	<input type="checkbox"/> Opening Windows
<input type="checkbox"/> Pulling Cabinets and Drawers in Bathroom	

If you answered that your loved one needs help in multiple areas of functioning, it is a sign that it is time to re-evaluate their ability to independently age in place. Adding personal care services may be necessary in order for them to remain safely in their home. Keep in mind that many state funded assistance programs use the inability to independently perform 2 or 3 activities of daily living as the threshold for eligibility to receive assistance.

Care needs change over time. Use this assessment to re-evaluate the care situation on a regular basis to develop a targeted care plan of appropriate services and support.