

## Activities Of Daily Living Checklist Examples

Take some time to evaluate your loved one's level of ability in each of the areas listed. The more towards the right side of the chart the responses are, the more likely an individual is to need help.



Feel free to give us a call if you'd like help interpreting your responses.

ACTIVITY	NO HELP NEEDED	NEEDS HELP	CAN'T DO WITHOUT HELP	DOESN'T DO
Bathing				
Going to the bathroom				
Getting dressed				
Personal hygiene				
Moving about (e.g. from bed to bathroom)				
Preparing food				
Eating				
Shopping				
Walking				
Going up stairs				
Taking medications properly				
Housework				
Laundry				
Using the phone				
Paying bills/managing finances				
Driving				



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