

**Activities of Daily Living (ADLs)**

**Feeding:**

- Can client feed self with spoon?  Yes  No  
 Can client feed self with fork?  Yes  No  
 Can client cut food with knife and fork?  Yes  No  
 Can client prepare own plate of food (serving self)?  Yes  No  
 Can client drink out of a cup?  Yes  No What type of cup? \_\_\_\_\_  
 Additional Comments: \_\_\_\_\_
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**Grooming:**

- Can client open toothpaste?  Yes  No  
 Can client put toothpaste on tooth brush?  Yes  No  
 Can client brush teeth independently?  Yes  No  
     Needs assistance with thoroughness?  Yes  No  
 Can client brush/comb own hair?  Yes  No  
 Can client wash own hair?  Yes  No  
 Can client wash own body?  Yes  No  
 Additional Comments: \_\_\_\_\_
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**Upper body dressing: Don = put on Doff = take off**

- Can client doff shirt independently?  Yes  No  
 Can client doff long sleeved shirt independently?  Yes  No  
 Can client don short sleeved shirt independently?  Yes  No  
 Can client don long sleeved shirt independently?  Yes  No  
 Can client don jacket independently?  Yes  No  
 Can client unbutton buttons independently?  Yes  No If yes, what size buttons? \_\_\_\_\_  
 Can client button buttons independently?  Yes  No If yes, what size buttons? \_\_\_\_\_  
 Can client thread a zipper independently?  Yes  No  
 Can client zip jacket independently?  Yes  No  
 Additional Comments: \_\_\_\_\_
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**Lower body dressing: Don = put on Doff = take off**

- Can client doff pants independently?  Yes  No  
 Can client doff socks independently?  Yes  No  
 Can client untie/un-fasten shoes independently?  Yes  No  
 Can client doff shoes independently?  Yes  No  
 Can client unbutton/un-snap/unzip pants independently?  Yes  No  
 Can client don pants independently?  Yes  No  
 Can client button/snap/zip pants independently?  Yes  No  
 Can client don socks independently?  Yes  No  
 Can client don shoes independently?  Yes  No  
 Can client fasten Velcro shoes independently?  Yes  No  
 Can client tie shoes independently?  Yes  No  
 Additional Comments: \_\_\_\_\_
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**Toileting:**

- Does client wear a diaper or brief?  Yes  No  
 Does client use toilet?  Yes  No If yes, type of toilet (regular, potty chair, etc.) \_\_\_\_\_  
 Can client manage clothing during toileting independently?  Yes  No  
 Can client manage hygiene independently?  Yes  No  
 Can client wash and dry hands independently?  Yes  No  
 Additional Comments: \_\_\_\_\_
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