Activities of Daily Living (ADL) Assessment Tool

Personal Information
Name:
Date of Birth:
Gender:
Date of Assessment:
Assessment Conducted By:

Instructions

For each activity, please select the corresponding level of independence:

0 - **Dependent:** The individual is unable to perform the activity without total assistance.

1 - Partially Dependent: The individual requires assistance/supervision to complete the activity.

2 - Independent with Difficulty: The individual can complete the activity but with some difficulty.

3 - Independent: The individual can perform the activity without any assistance.

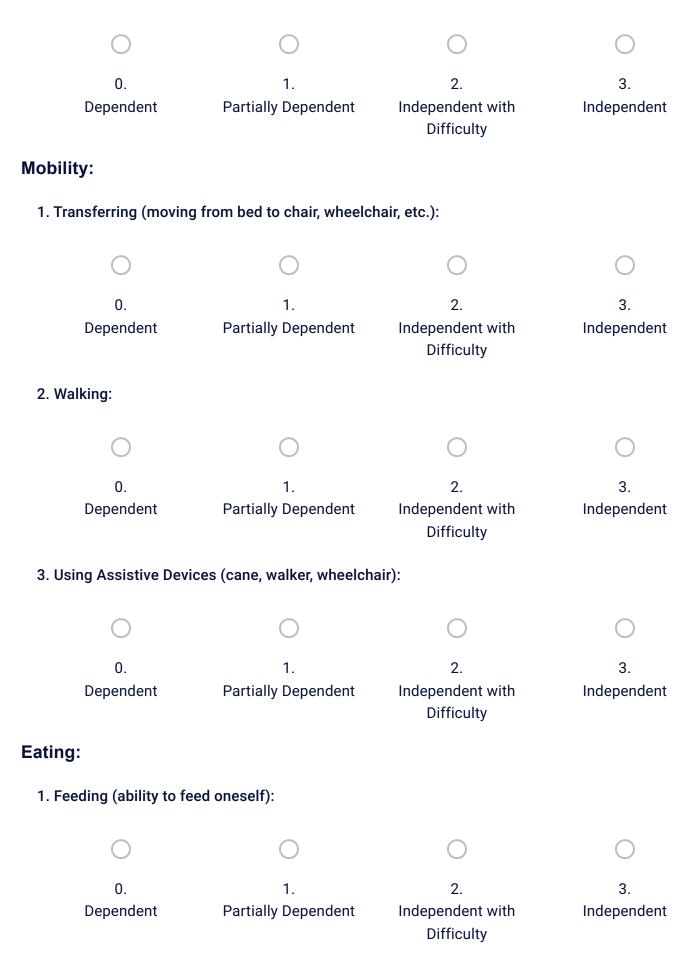
ACTIVITIES

Personal Hygiene:

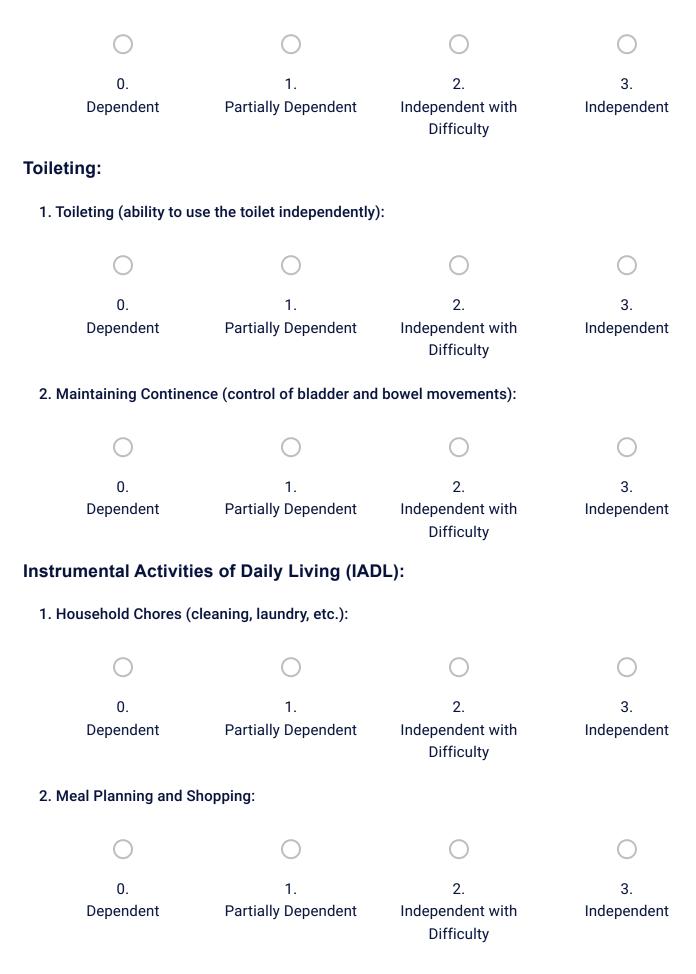
1. Bathing:

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0. Dependent	1. Partially Dependent	2. Independent with Difficulty	3. Independent	
2. Grooming (brushing hair, shaving, etc.):				
\bigcirc	0	\bigcirc	\bigcirc	
0. Dependent	1. Partially Dependent	2. Independent with Difficulty	3. Independent	

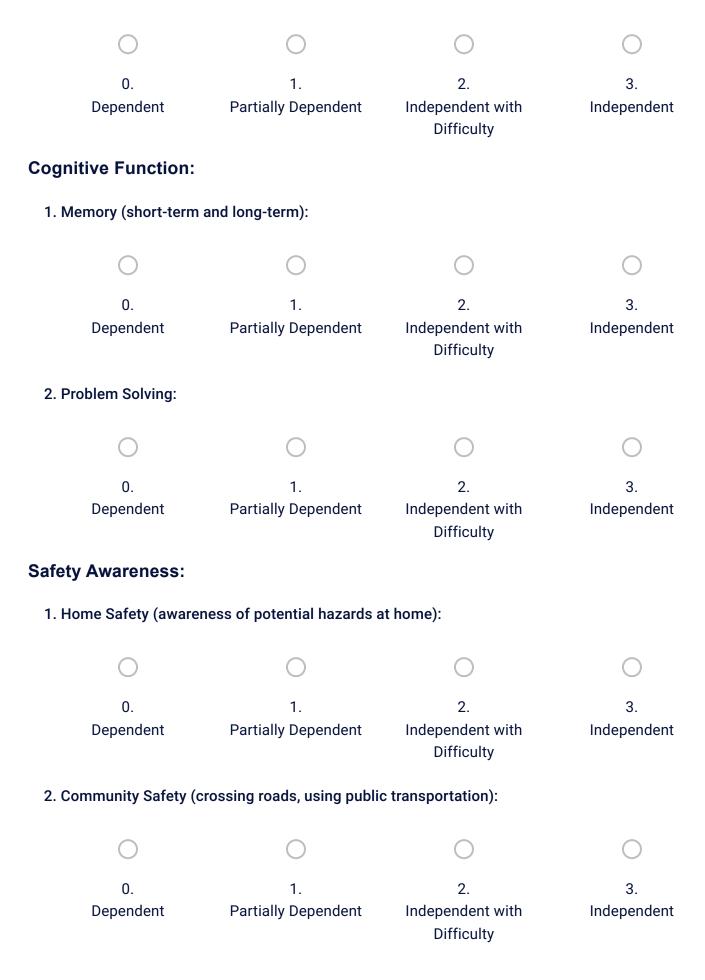
3. Dressing (putting on/taking off clothes, fastening buttons/zippers):



2. Meal Preparation (cutting food, using utensils):



3. Managing Finances:



Additional Comments