Activities of Daily Living (ADL) Checklist

Patient Information

Name: _____

Date of Birth: _____

Date of Assessment: _____

Medical Record Number: _____

Instructions for Use

This ADL Checklist assesses the patient's ability to perform various activities essential for independent living. Please mark the appropriate level of assistance required for each activity.

Personal Hygiene

- **Bathing**

☐ Independent

☐ Supervision

☐ Partial Assistance

☐ Total Assistance

Comment: _____

- **Grooming (hair care, shaving, etc.)**

☐ Independent

☐ Supervision

☐ Partial Assistance

☐ Total Assistance

- **Oral Care**

☐ Independent

☐ Supervision

☐ Partial Assistance

☐ Total Assistance

Dressing

- **Clothing Upper Body**

☐ Independent

☐ Supervision

☐ Partial Assistance

☐ Total Assistance

- **Clothing Lower Body**

☐ Independent

☐ Supervision

☐ Partial Assistance

☐ Total Assistance

Comment: _____

- **Putting On/Taking Off Shoes**

☐ Independent

☐ Supervision

☐ Partial Assistance

☐ Total Assistance

Eating

- **Feeding (using utensils)**

☐ Independent

☐ Supervision

☐ Partial Assistance

☐ Total Assistance

- **Drinking (using cups or glasses)**

☐ Independent

☐ Supervision

☐ Partial Assistance

☐ Total Assistance

Comment: _____

Continence

- **Toileting (using the toilet or commode)**

☐ Independent

☐ Supervision

☐ Partial Assistance

☐ Total Assistance

- **Managing Incontinence**

☐ Independent

☐ Supervision

☐ Partial Assistance

☐ Total Assistance

Mobility

- **Transferring (bed to chair, wheelchair, etc.)**

☐ Independent

☐ Supervision

☐ Partial Assistance

☐ Total Assistance

Comment: _____

- **Walking**

☐ Independent

☐ Supervision

☐ Partial Assistance

☐ Total Assistance

Comment: _____

- **Climbing Stairs**

☐ Independent

☐ Supervision

☐ Partial Assistance

☐ Total Assistance

Comment: _____

- **Medication Management**

☐ Independent

☐ Supervision

☐ Partial Assistance

☐ Total Assistance

- **Meal Preparation:**

☐ Independent

☐ Supervision

☐ Partial Assistance

☐ Total Assistance

Comment: _____

Comments/Notes