

Activities of Daily Living (ADLs) Checklist

Patient's name: _____ Age: _____ Date: _____ Examiner: _____

Activities of daily living (ADLs) / Instrumental activities of daily living (iADLs)	Independent	Supervision	Partial assistance	Total assistance	Comments and notes
Bathing					
Grooming (hair care, shaving, etc.)					
Oral care					
Dressing					
Clothing upper body					
Clothing lower body					
Putting on/taking off shoes					
Feeding (does not include meal preparation)					
Feeding (using utensils)					
Drinking (using cups or glasses)					
Meal preparation					
Medication management					

Activities of daily living (ADLs) / Instrumental activities of daily living (iADLs)	Independent	Supervision	Partial assistance	Total assistance	Comments and notes
Mobility (walking or getting around)					
Climbing stairs					
Transferring (moving bed to chair, wheelchair, etc.)					
Toileting (getting on the toilet, using the toilet, and cleaning themselves)					
Continence (controlling bladder and bowel function)					
Managing incontinence					
Housekeeping					
Doing laundry					
Shopping					

This list integrates both ADLs and iADLs or a more comprehensive and practical approach to evaluating an individual's functional capabilities.