



Activities of Daily Living Checklist

<i>Activities</i>	Requires No Help	Requires Modifications <i>(such as the use of assistive technology)</i>	Requires Help
Bathing/Showering: Can you run the water at a safe temperature, clean yourself, and get in and out of the shower or bathtub?			
Dressing: Can you pick out your clothes, put them on and take them off?			
Grooming: Can you brush and floss your teeth, shave, and trim your nails?			
Toileting: Can you control bladder and bowel function, get to and on the toilet, and clean yourself?			
Eating: Can you feed yourself using utensils?			
Transferring: Can you get in and out of bed?			
Mobility: Can you walk or get around?			
Shopping: Can you shop for all your needs?			
Cooking: Can you plan and prepare meals, including cooking and cleaning up?			
Managing Medications: Can you get your medicine and take the correct dose at the correct time?			
Housework: Can you clean your home, such as washing dishes or dusting?			
Laundry: Can you wash and dry your clothes?			

Instrumental Activities

Transportation: Can you drive or arrange other transportation for yourself?			
Managing Finances: Can you handle your money and pay your bills?			
Communication: Can you send mail, use the phone, email, or otherwise communicate with people?			