

Basic Activities of Daily Living

Circle the answer that best describes you.

- 1) Can you take a bath or shower...
 - a) Without help.
 - b) With some help (need help getting in and out of the tub, or need special attachments on the tub).
 - c) Completely unable to bathe yourself.
- 2) Can you dress and undress yourself...
 - a) Without help (able to pick up clothes, dress and undress yourself).
 - b) With some help.
 - c) Completely unable to dress and undress yourself.
- 3) Can you get in and out of bed...
 - a) Without any help or aids.
 - b) With some help (either from a person or with the aid of some device).
 - c) Totally dependent on someone else to lift you.
- 4) Do you ever have trouble getting to the bathroom in time?
 - a) No.
 - b) Yes, _____ times per week.
 - c) Do you have a catheter or colostomy?
- 5) Can you eat...
 - a) Without help (able to feed yourself completely).
 - b) With some help (need help with cutting, etc).
 - c) Completely unable to feed yourself.
- 6) Can you walk...
 - a) Without any help or aids (cane, etc).
 - b) With help or aid.
 - c) Completely unable to walk.
- 7) Circle the equipment you have in your house...
 - a) Elevated toilet seat.
 - b) Grab bars over tub.
 - c) Grab bars near toilet.
 - d) Ramps.
 - e) Wheelchair.
 - f) Cane.
 - g) Walker.
 - h) Crutches.

Instrumental Activities of Daily Living

Circle the answer that best describes you.

- 1) Can you use the telephone?
 - a) Without help, including finding and dialing numbers.
 - b) With some help in getting the number or dialing, but can answer phone or dial operator in an emergency.
 - c) Or are you completely unable to do so?

- 2) Can you get places beyond walking distances?
 - a) Without help (by bus, taxi, or own car unaccompanied).
 - b) With help, or accompanied when traveling.
 - c) Or do you require arrangement of a special vehicle (handicapped van or ambulance) to travel.

- 3) Assuming transportation is available, can you go shopping?
 - a) Without help.
 - b) With someone to go with you on all shopping trips.
 - c) Or are you completely unable to do so.

- 4) Can you prepare your own meals?
 - a) Without help in planning or cooking.
 - b) With some help – able to prepare some things, but need help to prepare full meal.
 - c) Or are you completely unable to do so.

- 5) Can you do your household chores?
 - a) Without help – can do heavy housework/home maintenance.
 - b) With some help for heavy chores.
 - c) Or are you unable to perform household maintenance tasks.

- 6) Can you take your own medicine?
 - a) Without help – taking the right dose of medication at the right times.
 - b) With help either in preparing medicine dosages or reminding yourself to take them.
 - c) Or do you need someone to give it to you.

- 7) Can you handle your own money?
 - a) Without help in writing checks, managing banking, or paying bills.
 - b) With help in managing banking and bill paying, but able to make everyday purchases.
 - c) Or are you unable to manage money at all.