## ASSESSMENT of ACTIVITIES OF DAILY LIVING (ADL's)

**Instructions:** Circle the appropriate **Value** in each section, and enter it where indicated in the **Score** Column. Add the value numbers to obtain total score.

| Value | ACTIVITIES OF DAILY LIVING   | Score |
|-------|--|-------|
|       | TOILET   |       |
| 4     | Cares for self at toilet completely, no incontinence                       |       |
| 3     | Needs to be reminded, or needs help in cleaning self, or has rare (weekly  |       |
|       | at most) accidents   |       |
| 2     | Soiling or wetting while asleep, more than once a week                     |       |
| 1     | Soiling or wetting while awake, more than once a week                      |       |
| 0     | No control of bowel or bladder   |       |
|       | FEEDING  |       |
| 4     | Eats without assistance  |       |
| 3     | Eats with minor assistance at meal times, with help preparing food or      |       |
|       | with help in cleaning up after meals                                       |       |
| 2     | Feeds self with moderate assistance and is untidy                          |       |
| 1     | Requires extensive assistance for all meals                                |       |
| 0     | Does not feed self at all and resists efforts of others to feed him        |       |
|       | DRESSING   |       |
| 4     | Dresses, undresses and selects clothes from own wardrobe                   |       |
| 3     | Dresses and undresses self with minor assistance                           |       |
| 2     | Needs moderate assistance in dressing or selection of clothes              |       |
| 1     | Needs major assistance in dressing but cooperates in process               |       |
| 0     | Completely unable to dress self and resists efforts of others to help      |       |
|       | GROOMING   |       |
| 4     | Always neatly dressed and well-groomed, without assistance                 |       |
| 3     | Grooms self adequately, with occasional minor assistance, e.g., in shaving |       |
| 2     | Needs moderate and regular assistance or supervision in grooming           |       |
| 1     | Needs major assistance in grooming but cooperates in process               |       |
| 0     | Actively negates all efforts to others to maintain grooming                |       |
|       | PHYSICAL AMBULATION  |       |
| 4     | Goes about home and neighborhood freely                                    |       |
| 3     | Ambulates within residence and up to about one block distant               |       |

| 2 | Ambulates with assistance of another person, railing, cane, walker,      |  |
|---|--|--|
|   | or wheelchair  |  |
| 1 | Sits unsupported in chair or wheelchair, but cannot propel self alone or |  |
|   | transfer from bed to chair   |  |
| 0 | Bedridden more than half the time  |  |
|   |  |  |
|   | BATHING  |  |
| 4 | Bathes self (tub, shower, sponge bath) without help                      |  |
| 3 | Bathes self, with help in getting in and out of tub                      |  |
| 2 | Washes face and hands, but cannot bathe rest of body                     |  |
| 1 | Does not wash self but is cooperative with those who bathe him           |  |
| 0 | Does not try to wash self, and resists efforts to keep him clean         |  |
|   |  |  |
|   | TOTAL SCORE  |  |

Possible total score ranges from 0 to 24. There is no "passing" grade - rather the assessment is intended help clarify the need level of your loved one. Any score under 24 indicates areas of need.

The information contained in this publication is meant for educational purposes only and is not meant in any way to replace or represent medical advice. Always seek the advice of your doctor before beginning any diet or exercise plan.

Sage Life Technologies, LLC 2011-all rights reserved contact@sageminder.com www.sageminder.com