

Activities of Daily Living Checklist

Name: _____ Date: _____ Completed by: _____

Tick the level of help needed for each activity. Use the notes column for equipment, safety concerns or what makes it hard.

Basic ADLs (self-care)

Activity	Independent	With equipment	Prompts/supervision	Some help	Full help	Notes
Bathing or showering						
Dressing (upper body)						
Dressing (lower body, shoes)						
Toileting and hygiene						
Transfers (bed, chair, toilet)						
Continence (bladder and bowel)						
Eating (food to mouth)						
Grooming (teeth, hair, shaving)						
Walking or moving indoors						

Instrumental ADLs (independent living)

Activity	Independent	With equipment	Prompts/supervision	Some help	Full help	Notes
Using the phone						
Shopping						
Preparing meals						
Housekeeping						
Laundry						
Transport (driving, bus, taxi)						
Managing medication						
Managing money and bills						
Appointments and calendar						

Safety and support

Question	Yes / No / Notes
Any falls in the last 6 months?	
Difficulty with stairs or steps?	
Uses a walking aid?	
Memory or thinking concerns?	
Lives alone? Who helps?	
Equipment already in use?	