

ADL and IADL Assessment Checklist

A printable assessment for seniors, families and in-home care planning

Rate each item based on current ability. Choose the description that most accurately reflects the person today, not their best days or worst days.

Name	Date	Completed by
_____	_____	_____

Relationship to person being assessed

Part 1: Basic Activities of Daily Living (ADLs)

Activity	Independent	Needs Some Help	Cannot Do	Notes
Bathing: Able to bathe independently, including getting in and out of the tub or shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dressing: Able to select clothing and dress and undress independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toileting: Able to get to the toilet, use it, and manage clothing and hygiene independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transferring: Able to move from bed to chair, sit down and stand up without assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Continence: Able to control bladder and bowel function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Feeding / Eating: Able to feed themselves once food is prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ADL Summary: Independent: ___ / 6 Needs Some Help: ___ / 6 Cannot Do: ___ / 6

Use this checklist for general care planning and organization. Share health concerns with the appropriate care professional.

Part 2: Instrumental Activities of Daily Living (IADLs)

Activity	Independent	Needs Some Help	Cannot Do	Notes
Using the telephone: Able to look up numbers, dial, and use the phone independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shopping: Able to plan and complete grocery or personal shopping independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food preparation: Able to plan and prepare meals independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Housekeeping: Able to maintain the home at a safe, livable standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Laundry: Able to wash, dry, and put away clothing and linens independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transportation: Able to drive or arrange independent transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Managing medications: Able to manage own prescriptions, refills, and dosing schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Managing finances: Able to handle banking, bill payment, and financial decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

IADL Summary: Independent: ___ / 8 Needs Some Help: ___ / 8 Cannot Do: ___ / 8

Overall Observations and Notes

Completed by	Date	Next review date
_____	_____	_____

Brought to you free of charge by [CAREHomecare.com](https://carehomecare.com), a Los Angeles home care agency.

This checklist is for general informational and organizational purposes only. It is not medical, legal, clinical, emergency or professional care advice, and it should not replace a personalized care plan, physician instructions, licensed professional guidance or agency policies. Users are responsible for reviewing and editing it for their specific needs. For medical concerns or emergencies, contact a healthcare professional or emergency services. If reprinting online, please credit CAREHomecare.com.



CARE HOME CARE
24 HOUR IN-HOME CARE SERVICES

1156 North Gardner Street
West Hollywood, CA 90046

Telephone: (323) 851-1422

Fax: (323) 851-0375

Email: info@carehomecare.com

Website: <https://carehomecare.com>