



PARTICIPANT ACTIVITIES OF DAILY LIVING

Participant name: _____ Start date: _____

ACTIVITY	Independent	Needs Help	Unable To Do	Comment
Dressing				
Tie shoes				
Slip-on shoes				
Socks/stockings				
buttons				
zippers				
Personal Hygiene				
Bathing him/herself				
Teeth/denture cleaning				
Brushing/combing hair				
Shaving				
Toileting				
Movement				
In and out of car				
Rising from chair				
Walking on level surface				
Stairs				
Eating				
Feeds him/herself				
Cuts meat				
Knows utensils				
Prepares a sandwich				

ACTIVITY	NO LOSS	NORMAL LOSS	MODERATE LOSS	SEVERE LOSS
Hearing				
Vision				
Reading Skills				
Writing skills				
Speech				

ACTIVITY	NEVER	SOMETIMES	ALWAYS	COMMENT
Sleeping problems				
wandering				
suspiciousness				
Confusion				
Repetitious questions				
disorientation				
Agitation				
Aggressiveness				
Follows simple instructions				
Takes medication readily				