



Activities of Daily Living Checklist

Use this list to assess the level of assistance of your loved one or the person in your care.

Activity	Independent (Score: 2)	Partial Assistance (Score: 1)	Dependent (Score: 0)
Personal Hygiene			
Bathing			
Oral Care			
Grooming			
Dressing			
Eating			
Transferring (e.g., a bed to chair)			
Toileting			
Toilet Transfer			
Personal Hygiene			
Continence			

Please note: Score each activity based on the individual's level of independence. A score of 2 indicates complete freedom, 1 represents partial assistance, and 0 signifies total dependence.