Activities of Daily Living Questionnaire

Please answer the following questions regarding your ability to perform the activities of daily living

(I) Independently (*on your own*) or **(D)** Dependently (*needing assistance*)

Activities Please circle the applicable level of ability	(I) Independent *(able to perform on your own)*	(D) Dependent *(you require assistance with these activities)*
BATHING (I) Independent (D) Dependent	**(I)** Able to bathe self completely on your own or with minimal help with a single part of the body such as the back, genital area or disabled extremity. *use of shower rails and/or bath/shower chairs, if used without additional help (i.e. from a caregiver), is considered "independent".*	**(D)** Needs help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing assistance.
DRESSING (I) Independent (D) Dependent	**(I)** Able to get clothes/garments from closets/drawers and put them on including fastening zippers and buttons. May have help with tying shoes.	**(D)** Needs help with dressing self or needs to be completely dressed.
TOILETING (I) Independent (D) Dependent	**(I)** Goes to commode, gets on and off, arranges clothes, and cleans genital area without help. *use of side rails and/or a raised commode, if used without additional help (i.e. from a caregiver), is considered "independent".*	**(D)** Needs help transferring to the commode, assistance with cleaning self, or uses a bedpan or bedside commode with help.
TRANSFERRING (I) Independent (D) Dependent	**(I)** Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable if they can be self controlled.	**(D)** Needs help in moving from bed to chair or requires a complete transfer.
CONTINENCE (I) Independent (D) Dependent	**(I)** Exercises **complete** self control over urination and defecation.	**(D)** Is partially or totally incontinent of bowel or bladder. *any form or incontinence supplies (i.e. pads, panty liners, etc) used is considered "dependent".*
FEEDING (I) Independent (D) Dependent	**(I)** Gets food from plate into mouth without help. Preparation of food may be done by another person. *use of feeding tubes and devices, if used without assistance (i.e. caregiver), is considered "independent".*	**(D)** Needs partial or total help with feeding or requires parenteral feeding.

(I) = 1 point   (D) = 0 points   TOTAL POINTS: _____

Patient Name: _____ Date of Birth: _____

Patient Signature: _____ Today's Date: _____