

ADL Assessment Tool

ADL ASSESSMENT TOOL

Patient name: _____ ID: _____

Date of birth: _____ dd / mm / yyyy Date: _____ dd / mm / yyyy

Age: _____

Bathing

Independence (1 point) Dependence (0 points)

Dressing

Independence (1 point) Dependence (0 points)

Toileting

Independence (1 point) Dependence (0 points)

Transferring

Independence (1 point) Dependence (0 points)

Continence

Independence (1 point) Dependence (0 points)

Feed

Independence (1 point) Dependence (0 points)

Total Score: _____

LAWTON-BRODY INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Ability to use phone

Independence (1 point) Dependence (0 points)

Shopping

Independence (1 point) Dependence (0 points)

Food preparation

Independence (1 point) Dependence (0 points)

Housekeeping

Independence (1 point) Dependence (0 points)

Laundry

Independence (1 point) Dependence (0 points)

Mode of transportation

Independence (1 point) Dependence (0 points)

Medication management

Independence (1 point) Dependence (0 points)

Ability to handle finances

Independence (1 point) Dependence (0 points)

Total Points: _____

Notes

Practitioner Name: _____