

# Activities of Daily Living (ADL) Assessment Form

Please complete the following assessment by marking the level of independence for each activity.

## Patient Information

Full Name:

Date of Birth:

Assessment Date:

## ADL Assessment

Bathing:

Independent  Needs Assistance  Dependent

Dressing:

Independent  Needs Assistance  Dependent

Toileting:

Independent  Needs Assistance  Dependent

Transferring:

Independent  Needs Assistance  Dependent

Continence:

Continent  Incontinent  Needs Assistance

Feeding:

Independent  Needs Assistance  Dependent

Mobility:

Independent  Needs Assistance  Dependent

## Comments / Notes

Add any additional observations or notes...

Assessor Name:

Signature:

Date:

