

ACTIVITIES OF DAILY LIVING & INSTRUMENTAL ACTIVITIES OF DAILY LIVING

ACTIVITIES OF DAILY LIVING

Does your Loved One Need Help with any of the following?

Bathing	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	
Continence	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	
Dressing	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	
Eating	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	
Toileting	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	
Transferring	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	
Other - Specify			

Notes:

INSTRUMENTAL ACTIVITIES OF DAILY LIVING

Does your Loved One Need Help with any of the following?

Accessing Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	
Caring for Pets	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	
Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	
Housekeeping	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	
Managing Personal Finances	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	
Preparing Meals	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	
Shopping for Groceries or Clothes	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	
Using a Telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	

Using a Computer or Tablet	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	
Using a Remote Control for the TV	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	
Using a Medical Alert	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - as of when (approx.)	
Other - Specify			
Notes:			

DEFINITIONS - ACTIVITIES OF DAILY LIVING
Bathing: The ability to clean oneself and perform grooming activities like shaving and brushing teeth.
Dressing: The ability to get dressed by oneself without struggling with buttons and zippers
Eating: The ability to feed oneself.
Transferring: Being able to either walk or move oneself from a bed to a wheelchair and back again.
Toileting: The ability to get on and off the toilet.
Continence: The ability to control one's bladder and bowel function

APPOINTMENT CHECKLIST

This section allows you to create a list of Medical Tests and/or Doctor Appointments generally performed or seen during the year.



APPOINTMENT CHECKLIST			
	(1)	(2)	(3)
Type of Test OR Specialist			
Other			
Name of Doctor (if applicable)			
Frequency			
Other Frequency			

APPOINTMENT CHECKLIST			
	(4)	(5)	(6)
Type of Test OR Specialist			
Other			
Name of Doctor (if applicable)			
Frequency			
Other Frequency			

APPOINTMENT CHECKLIST			
	(7)	(8)	(9)
Type of Test OR Specialist			
Other			
Name of Doctor (if applicable)			
Frequency			
Other Frequency			