**Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL Checklist)**

**Use this easy list to get a baseline of needs based on the actual activities it takes to maintain independence.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Function** | **Independent** | **Needs Help** | **Dependent** | **Cannot Do** |
| Bathing |  |  |  |  |
| Dressing |  |  |  |  |
| Grooming |  |  |  |  |
| Mouth Care |  |  |  |  |
| Toileting |  |  |  |  |
| Transferring bed/chair |  |  |  |  |
| Walking |  |  |  |  |
| Climbing Stairs |  |  |  |  |
| Eating |  |  |  |  |
| Shopping |  |  |  |  |
| Cooking |  |  |  |  |
| Managing Medications |  |  |  |  |
| Using the phone and looking up numbers |  |  |  |  |
| Doing housework |  |  |  |  |
| Doing laundry |  |  |  |  |
| Driving or using public transportation |  |  |  |  |