

## Functional Assessment & ADL Preferences

This assessment looks to determine a client's care needs in relation to activities of daily living, following identification that they require assistance in this area.

### ASSESSMENT DETAILS

Date of assessment:

Assessor name:

Designation: ☐ RN ☐ EN

### CLIENT DETAILS

Full name:

Preferred name:

DOB:

Address:

Suburb:

Postcode:

Mobile no:

Home no:

Work no:

**Note:** For Indigenous clients, date of birth/age may be estimated.

Showering frequency:

Time:

Hair wash frequency:

Shave frequency:

Routines:

Task	Independent	Supervise	Assist x 1	Assist x 2	Assist x 3
<b>Dress/Undress</b>					
Choose appropriate garments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Undergarments on/off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vest/petticoat on/off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shirt/cardigan on/off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouser/skirt on/off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zips/buttons undo/do up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoes/slippers on/off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hygiene</b>					
Initiate washing/showering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Collect toiletries and towel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Turn on tap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Adjust water temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use wash cloth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Task	Independent	Supervise	Assist x 1	Assist x 2	Assist x 3					
<b>Hygiene continued...</b>										
Wash/dry reachable parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Wash/dry feet, back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Wash/dry perineal area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Apply moisturiser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Improve/remove dentures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Clean own teeth/dentures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<b>Toileting</b>										
Put toiletries away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Wash/dry hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Toileting (positioning on toilet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Use toilet paper independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Adjust clothing independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Change own incontinence aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Grooming</b>										
Wash hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Shave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Apply make up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Put on wrist watch/jewellery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<b>Hearing and Sight</b>										
Hearing aids put in-situ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Glasses put on in-situ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<b>Eating and Drinking</b>										
Cut up food, pour drinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Position-client for meal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Position cutlery and crockery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Initiate eating/drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Physically feeding client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Client is usually	<input type="checkbox"/> Right handed		<input type="checkbox"/> Left handed							
<b>General comments</b>										