

Assistance with Activates of Daily Living

WALKING

Without any help, steady on feet

With some help

cane walker quad-cane wheelchair

with assistance standing

other _____

EATING

Without any help, feeds self

With some help, cutting or supervision

Needs to be fed

Other _____

TOILETING

Without help

With some help

Needs assistance with incontinence products

Needs supervision

Needs reminders

Needs physical assistance

DRESSING (in outerwear)

Without help

Needs physical assistance

Needs verbal cuing and or supervision

Signature of Caregiver: _____ Date _____