

Assess the Care Recipient's Need for Assistance

Activities of Daily Living (ADLs)

Activity	No Help Needed	Needs Some Help	Can't Do At All
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going to the bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating/feeding self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in/out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting in/out of chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instrumental Activities of Daily Living (IADLs)

Activities	No Help Needed	Needs Some Help	Can't Do At All
Using the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing money/paying bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing light housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>