

ALPS Adult Day Services
Participant Activities of Daily Living

participant name: _____ start date: _____

<u>ACTIVITY</u>	<u>INDEPENDENT</u>	<u>NEEDS HELP</u>	<u>UNABLE TO DO</u>
<i>Dressing</i>			
tie shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
slip-on shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
socks/stockings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
buttons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
zippers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Personal Hygiene</i>			
bathing him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
teeth/denture cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
brushing/combing hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
shaving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Movement</i>			
in and out of car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
rising from chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
walking on level surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Eating</i>			
feeds him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cuts meat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
knows utensils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
prepares a sandwich	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>ACTIVITY</u>	<u>NEVER</u>	<u>SOMETIMES</u>	<u>ALWAYS</u>
sleeping problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
wandering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
suspiciousness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
confusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
repetitious questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
disorientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
agitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
follows simple instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
takes medications readily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>ABILITY</u>	<u>NO LOSS</u>	<u>NORMAL LOSS</u>	<u>MODERATE LOSS</u>	<u>SEVERE LOSS</u>
hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
reading skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>