

ADL Guide

Activities of Daily Living

Patient's name: _____ Date: _____

OT name: _____ Pager #: _____

Has the family/caregiver completed assist training? Yes - Who? _____ No (Dodd staff complete)

Personal equipment needed for sessions: Dentures Hearing aid(s) Glasses Other _____

Precautions: _____

Eating	Current	Equipment	Location	Goal
	<div style="border: 1px solid black; height: 60px;"></div>	<input type="checkbox"/> Dentures/partials <input type="checkbox"/> Built-up foam <input type="checkbox"/> Universal cuff <input type="checkbox"/> Other _____	<input type="checkbox"/> Bed level <input type="checkbox"/> EOB <input type="checkbox"/> WC/chair	<div style="border: 1px solid black; height: 60px;"></div>

Grooming	Current	Equipment	Location	Goal
	<div style="border: 1px solid black; height: 60px;"></div>	<input type="checkbox"/> Built-up foam <input type="checkbox"/> Universal cuff <input type="checkbox"/> Other _____	<input type="checkbox"/> Bed level <input type="checkbox"/> EOB <input type="checkbox"/> WC/chair at sink <input type="checkbox"/> Standing	<div style="border: 1px solid black; height: 60px;"></div>

Bathing	Current	Equipment	Location	Goal
	<div style="border: 1px solid black; height: 60px;"></div>	<input type="checkbox"/> Long sponge <input type="checkbox"/> Toilet aid <input type="checkbox"/> Handheld shower <input type="checkbox"/> Other _____	<input type="checkbox"/> Bed Level <input type="checkbox"/> EOB <input type="checkbox"/> WC at sink <input type="checkbox"/> In shower/seated <input type="checkbox"/> In shower/stand	<div style="border: 1px solid black; height: 60px;"></div>

UE Dressing	Current	Equipment	Location	Goal
	<div style="border: 1px solid black; height: 60px;"></div>	<input type="checkbox"/> Zipper/button pull <input type="checkbox"/> Dressing stick <input type="checkbox"/> Other _____	<input type="checkbox"/> Bed Level <input type="checkbox"/> EOB <input type="checkbox"/> WC/chair <input type="checkbox"/> Standing	<div style="border: 1px solid black; height: 60px;"></div>

LE Dressing	Current	Equipment	Location	Goal
	<div style="border: 1px solid black; height: 60px;"></div>	<input type="checkbox"/> Zipper/button pull <input type="checkbox"/> Reacher <input type="checkbox"/> Dressing stick <input type="checkbox"/> Sock aid <input type="checkbox"/> Elastic shoelaces <input type="checkbox"/> Other _____	<input type="checkbox"/> Bed Level <input type="checkbox"/> EOB <input type="checkbox"/> WC/chair <input type="checkbox"/> Standing	<div style="border: 1px solid black; height: 60px;"></div>

Toileting	Current	Equipment	Location	Goal
	<div style="border: 1px solid black; height: 60px;"></div>	<input type="checkbox"/> Zipper/button pull <input type="checkbox"/> Reacher <input type="checkbox"/> Dressing stick <input type="checkbox"/> Toilet aid <input type="checkbox"/> Other _____	<input type="checkbox"/> Bed Level <input type="checkbox"/> Shower chair <input type="checkbox"/> No shower chair <input type="checkbox"/> From WC (urinal)	<div style="border: 1px solid black; height: 60px;"></div>