

Descriptions of ADLs (Activities of Daily Living)

Rate client's ability to perform BATHING. - An indication of the client's ability to perform the ADL (Activity of Daily Living) BATHING

- 0- Independent-** The client's ability to perform BATHING is independent, meaning they can bathe on their own
- 2- Intermittent supervision/ minimal assistance-** The client needs occasional reminders or instruction or needs assistance into and out of the tub/shower or washing difficult areas.
- 4- Partial assistance-** The client's ability to perform BATHING required partial assistance only.
- 6- Total dependence-** The client's ability to perform BATHING required full performance by another during the entire past 7 days.

Rate client's ability to EAT. - An indication of the client's ability to perform the ADL (Activities of Daily Living), EATING

- 0- Independent-** The client's ability to perform EATING is independent, requiring no help or oversight, or help/oversight has been provided only 1 or 2 times during the past 7 days.
- 2- Intermittent supervision/ minimal assistance-**The client's ability to perform EATING requires limited assistance. The client is highly involved and received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times during the past 7 days.
- 4- Extensive help-**The client cannot complete a meal without continual help.
- 6- Total dependence-**The client's ability to perform EATING required help the entire time by another during the entire past 7 days.

Rate client's Bowel/Bladder CONTINENCE-The ability of the client to be able to control bowel and bladder function.

- 0- Independent-** The client's ability to perform CONTINENCE is independent.
- 1- Requires assistance sometimes-**The client's ability to perform CONTINENCE requires assistance. Incontinence of the client occurred 3 or more times in the past 7 days.
- 2- Totally dependent-**The client was incontinent for the entire past 7 days.

Rate client's ability to perform TRANSFER. -The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed or the ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close doors or fasten the seatbelt.

0- Independent- The client's ability to perform TRANSFER is independent, requiring no help or oversight, or help/oversight has been provided only 1 or 2 times during the past 7 days.

1- Limited physical assistance-The client's ability to perform TRANSFER requires limited assistance. The client is highly involved and received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times during the past 7 days.

2- Extensive assistance- The client's ability to perform TRANSFER requires extensive assistance. The client performed part of the activity, but also received weight bearing support or full assistance 3 or more times in the past 7 days.

3- Total dependence- The client's ability to perform TRANSFER required full performance by another during the entire past 7 days. Helper of client does all of the effort and the client does none of the effort to complete the transfer. OR the assistance of 2 or more helpers is required for the client to complete the transfer.

Rate client's ability to perform TOILETING- An indication of the client's ability to perform the ADL (Activities of Daily Living), TOILETING HYGIENE-The ability to maintain perineal hygiene and adjust clothes before and after using the bathroom.

0- Independent- The client's ability to perform TOILET USE is independent, requiring no help or oversight, or help/oversight has been provided only 1 or 2 times during the past 7 days.

2- Reminding, cueing or monitoring- The client needs intermittent supervision or cueing or minor assistance. Example: clothes, adjustment, or washing hands, no incontinence

4- Limited physical assistance- The client's ability to perform TOILET USE requires limited assistance. The client is highly involved and received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times during the past 7 days.

6- Extensive assistance- The client's ability to perform TOILET USE requires extensive assistance. The client performed part of the activity, but also received weight bearing support or full assistance 3 or more times in the past 7 days.

8- Total dependence- The client's ability to perform TOILET USE required full performance by another during the entire past 7 days. Helper of the client does all of the effort and the client does none of the effort. OR the assistance of 2 or more helpers is required for the client.

Rate client's ability to perform DRESSING. - An indication of the client's ability to perform the ADL (Activities of Daily Living), DRESSING.

- 0- Independent-** The client's ability to perform DRESSING is independent, requiring no help or oversight, or help/oversight has been provided only 1 or 2 times during the past 7 days.
- 1- Limited physical assistance-** The client's ability to perform DRESSING requires limited assistance. The client is highly involved and received physical help in guided maneuvering of limbs or other non-weight bearing assistance 3 or more times in the past 7 days.
- 2- Reminding, cueing or monitoring-**The client needs reminding or monitoring for completion of dressing.
- 3- Extensive assistance-** The client's ability to perform DRESSING requires extensive assistance. The client performed part of the activity, but also received weight bearing support or full assistance 3 or more times in the past 7 days.
- 4- Total dependence-** The client's ability to perform DRESSING required full performance by another during the entire past 7 days. Helper of the client does all of the effort and the client does none of the effort to complete dressing. OR the assistance of 2 or more helpers is required for the client to complete dressing.

Descriptions of IADLs (Instrumental Activities of Daily Living)

Rate client's ability to PREPARE MEALS-An indication of the client's ability to perform the IADL (Instrumental Activity of Daily Living), **MEAL PREPARATION-** This activity includes planning, preparing, and serving adequate meals.

- 0- Independent/ prepares simple or partial meals-**The client can perform MEAL PREPARATION on their own.
- 1- Prepares with verbal cueing or reminding-** The client can perform MEAL PREPARATION with minimal supervision, set-up, cueing or coaxing only.
- 2- Prepares with minimal help-**The client can perform MEAL PREPARATION with minimal physical assistance from a helper to plan, prepare, and serve the meal.
- 3- Does not prepare any meals-** The client is completely unable to perform meal preparation activities and has to have the meals prepared and served for them.

Rate client's ability to perform SHOPPING. -An indication of the client's ability to perform the IADL (Instrumental Activity of Daily Living), **SHOPPING.** This activity includes obtaining the necessary items on a client's shopping list via online or through trips to the store.

- 0- Independent-**The client can take care of all of their shopping needs independently.
- 2- Does with supervision/reminding-**The client can perform SHOPPING with supervision, set-up, cueing, or coaxing only.
- 4- Shops with hands-on help/ assistive devices-**The client can perform SHOPPING with hands-on help from a helper at the store or online on the computer.
- 6- Done by others or shops by phone-**The client must have their SHOPPING done by others.

Rate client's ability to MANAGE MEDICATIONS. -An indication of the client's ability to perform the IADL (Instrumental Activities of Daily Living), **MANAGING MEDICATIONS.** This includes taking their own medication at the correct prescription dosage at the correct times throughout the week.

- 0- Independent/ does not occur-** The client can independently take the correct dosage of medications at the correct times throughout the week.
- 2- Done with help some of the time-**The client can perform MANAGING MEDICATIONS with help some of the time to ensure dosage and timing is correct.
- 4- Done with help all of the time-** The client needs their medication managed for them by a helper all of the time in order to not miss taking their medications.

Rate client's ability to MANAGE MONEY. -An indication of the client's ability to manage money. Includes timely payment of bills, managing checkbook and checking account, being aware of potential exploitation, budgets, plans for emergencies, etc.

- 0- Completely independent**-The client is completely independent in all aspects of money management
- 2- Needs assistance sometimes**-The client needs assistance from another person with banking and major purchases, however, the client is capable of managing day-to-day purchases.
- 4- Needs assistance most of the time**-The client needs assistance from another person most of the time these tasks.
- 6- Completely dependent** -The client is unable to manage finances at all.

Rate the client's ability to perform LIGHT HOUSEWORK- A description of the client's ability to perform light housekeeping tasks. Includes, but is not limited to, dusting, sweeping, wiping kitchen counters, laundry.

- 0- Independent**-The client is able to independently perform all housekeeping tasks, or physically, cognitively, and mentally able to perform tasks but has not routinely participated in housekeeping tasks in the past. May include use of assistive devices or aids.
- 1- Needs assistance sometimes**-The client needs assistance from another person some of the time or with some tasks.
- 2- Needs assistance most of the time**-The client needs assistance from another person most of the time but not all the time.
- 3- Unable to perform tasks**-The client is unable to perform tasks at all.

Rate the client's ability to perform LAUNDRY. -An indication of the highest level of LAUNDRY support- This activity includes loading the washer and dryer, removing items from the washer and dryer and folding items after washing.

- 0- No setup or physical help/ Independent**- No setup or physical help was provided.
- 1- Supervision/cueing required**-Supervision/cueing was provided.
- 2- Totally dependent**-All laundry must be done by others.

Rate client's ability to USE THE TELEPHONE. - An indication of the client's ability to use the Telephone. - This activity includes dialing phone numbers, answering the telephone, talking on the telephone, and texting on the cell phone.

- 0- Independent-** Client completes using the telephone by themselves with no assistance from a helper
- 1- Can perform with some help-**i.e., Direct physical assistance from the provider is necessary for client to dial numbers, answer the telephone, talk on the telephone, or text someone on the cell phone.
- 2- Cannot perform function at all without help-** The client does not use the telephone at all if help is not fully provided.

Rate the client's ability to access TRANSPORTATION. - An indication of the client's ability to perform the IADL (Instrumental Activity of Daily Living), TRANSPORTATION- This activity includes utilizing public transportation or use of the client's own vehicle to travel to necessary destinations.

- 0- Independent-** The client can perform TRANSPORTATION on their own by using the public transportation system or the client drives their own vehicle to destinations.
- 1- Done with help some of the time-**The client can perform TRANSPORTATION with help some of the time on public transportation.
- 2- Done by others-** The client must have the TRANSPORTATION done by others.
- 3- Requires ambulance-** The client is unable to ride in a car, taxi, bus, or van and requires transportation by ambulance.