Daily Living Assessment

Individual's Name:_____

	Yes	No	Comments
Is able to feed self?	☐	☐	
Is able to prepare meals safely?	☐	☐	
Completes laundry tasks independently?	☐	☐	
Is able to dress without assistance?	☐	☐	
Can bathe/shower independently?	☐	☐	
Has the ability to use the toilet without assistance?	☐	☐	
Is able to get in and out of bed independently?	☐	☐	
Is able to maintain personal hygiene?	☐	☐	
Is able to perform housekeeping activities?	☐	☐	
Has the ability to manage time and follow a schedule?	☐	☐	
Is able to manage finances?	☐	☐	
Is able to sign name?	☐	☐	
Has the ability to clearly communicate needs?	☐	☐	
Has the ability to self-medicate?	☐	☐	
Is able to adapt to changes in environment?	☐	☐	
Is able to manage disability effectively?	☐	☐	
Has self-advocacy skills?	☐	☐	
Needs personal care attendant?	☐	☐	
Other: [Enter] for more	☐	☐	

Medical/disability restrictions that would affect this individual's daily living:

Clear Form

Daily Living Assessment

Potential Daily Living Adaptations/Recommendations
Evaluations:

Nutritional Health:

Other:

Training:

Safety Awareness/Evacuation Plan:

Use of Adaptive Equipment:

Money Management Training:

Self-Advocacy Training:

Independent Living Skills Training:

Other:

Clear Form

Daily Living Assessment

Equipment:

Dressing Aids or Adaptive Clothing:

Adaptive Utensils & Dishes:

Assistive Time Devices:

Adaptive Grooming Tools:

Emergency Response System:

Reachers/Low Tech Aids:

Environmental Controls:

Talking Watch/Clock:

Other:

EC Name:_____ Date:_____