

# ADL Guide

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_

## Activities of Daily Living

OT name: \_\_\_\_\_ Pager #: \_\_\_\_\_

Has the family/caregiver completed assist training?  Yes – Who? \_\_\_\_\_  No (Dodd staff complete)

Precautions: \_\_\_\_\_

Task	Level	Location/Equipment
Eating	<input type="checkbox"/> Independent <input type="checkbox"/> Set up <input type="checkbox"/> Supervision <input type="checkbox"/> Moderate assist <input type="checkbox"/> Total assist <input type="checkbox"/> No food by mouth	<input type="checkbox"/> Bed <input type="checkbox"/> Wheelchair/recliner <input type="checkbox"/> Adaptive equipment
Grooming	<input type="checkbox"/> Independent <input type="checkbox"/> Set up <input type="checkbox"/> Contact guard <input type="checkbox"/> Supervision <input type="checkbox"/> Moderate assist <input type="checkbox"/> Maximum assist <input type="checkbox"/> Total assist	<input type="checkbox"/> Bed <input type="checkbox"/> Wheelchair/recliner <input type="checkbox"/> Adaptive equipment
Bathing	<input type="checkbox"/> Independent <input type="checkbox"/> Set up <input type="checkbox"/> Contact guard <input type="checkbox"/> Supervision <input type="checkbox"/> Moderate assist <input type="checkbox"/> Maximum assist <input type="checkbox"/> Total assist	<input type="checkbox"/> Bed <input type="checkbox"/> Standard shower chair <input type="checkbox"/> Tub transfer bench <input type="checkbox"/> Rolling shower chair <input type="checkbox"/> Recline shower chair <input type="checkbox"/> Adaptive equipment
UB Dressing	<input type="checkbox"/> Independent <input type="checkbox"/> Set up <input type="checkbox"/> Contact guard <input type="checkbox"/> Supervision <input type="checkbox"/> Moderate assist <input type="checkbox"/> Maximum assist <input type="checkbox"/> Total assist	<input type="checkbox"/> Bed <input type="checkbox"/> Edge of bed <input type="checkbox"/> Wheelchair/recliner <input type="checkbox"/> Adaptive equipment
LB Dressing	<input type="checkbox"/> Independent <input type="checkbox"/> Set Up <input type="checkbox"/> Contact guard or <input type="checkbox"/> Supervision <input type="checkbox"/> Moderate Assist <input type="checkbox"/> Maximum Assist <input type="checkbox"/> Total Assist	<input type="checkbox"/> Bed <input type="checkbox"/> Edge of bed <input type="checkbox"/> Wheelchair/recliner <input type="checkbox"/> Adaptive equipment
Footwear	<input type="checkbox"/> Independent <input type="checkbox"/> Set up <input type="checkbox"/> Contact guard <input type="checkbox"/> Supervision <input type="checkbox"/> Moderate assist <input type="checkbox"/> Maximum assist <input type="checkbox"/> Total assist	<input type="checkbox"/> Bed <input type="checkbox"/> Edge of bed <input type="checkbox"/> Wheelchair/recliner <input type="checkbox"/> Adaptive equipment
Toileting	<input type="checkbox"/> Independent <input type="checkbox"/> Set up <input type="checkbox"/> Contact guard <input type="checkbox"/> Supervision <input type="checkbox"/> Moderate assist <input type="checkbox"/> Maximum assist <input type="checkbox"/> Total assist	<input type="checkbox"/> Bed <input type="checkbox"/> Bedside commode <input type="checkbox"/> Rolling shower chair <input type="checkbox"/> Standard toilet <input type="checkbox"/> Adaptive equipment