

# AGING & INDEPENDENCE SERVICES

## Older Adult Activities of Daily Living/

## Instrument Activities of Daily Living Assessment

### General Information

Assessment Date: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Client Name: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

DOB: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Responsible Party:** Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Caregiver:** Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Background Information:

---

---

---

**Medical Coverage:** \_\_\_\_\_

**Financial Status:** \_\_\_\_\_

**Describe client's medical history and/or conditions:**

---

---

---

**Describe client's mental and/or emotional status:**

---

---

---

**Confused/memory impairment?**  Yes  No **If Yes, describe confusion/memory issues:**

---

---

Participates in social activities?  Yes  No If Yes, describe past activities/interest:

---

---

History of abuse or neglect?  Yes  No If Yes, describe past incident of abuse:

---

---

**Activities of Daily Living/Instrumental Activities of Daily Living Assessment**

Activities of Daily Living/Instrumental Activities of Daily Living Glossary:

Independent = Able to perform activity without assistance

Verbal Cueing = Needs reminders to perform activity

Stand-by Assistance = Minimal assistance by someone else to perform activity

Hand-on Assistance = Assistance by someone else to perform activity most of the time

Dependent = Assistance by someone else to perform activity all the time

**1. Bathing**

Independent  Verbal Cueing  Stand-by Assistance  Hands-on Assistance  Dependent

Notes:

---

---

---

---

**2. Dressing**

Independent  Verbal Cueing  Stand-by Assistance  Hands-on Assistance  Dependent

Notes:

---

---

---

---

**3. Grooming**

Independent  Verbal Cueing  Stand-by Assistance  Hands-on Assistance  Dependent

Notes:

---

---

---

---

#### 4. Toileting

Independent  Verbal Cueing  Stand-by Assistance  Hands-on Assistance  Dependent

Notes:

---

---

---

---

**Here are some suggestions to address the incontinence needs of your client without making them feel embarrassed or ashamed.**

1. In the last three months, have you experienced an occasional accident where you don't make it to the restroom?
2. Do these accidents make day to day activities difficult?
3. Would you like some waterproof adult underwear to wear tonight?

**There are different types of bladder accidents, and you can ask additional questions to get a better picture about person's needs:**

During the last three months, did you have urinary accident:

- a. Do accidents happen when you cough, sneeze, or lift something?  Yes  No
- b. Do you have the urge or the feeling that you needed to pee, but you could not get to the toilet fast enough?  Yes  No
- c. About equally as often with physical activity as with a sense of urgency?  Yes  No
- d. Without physical activity (cough, sneeze, lift) and without a sense of urgency?  
 Yes  No

#### **What It Means:**

A client's type of urinary incontinence is defined by the third question on the questionnaire. Here is the answer sheet:

- a. Most often with physical activity: stress-only or stress-predominant **urinary incontinence.**
- b. Most often with the urge to empty the bladder: urge-only or urge-predominant **urinary incontinence.**
- c. Without physical activity or sense of urgency: **incontinence due to other causes.**
- d. About equally with physical activity and sense of urgency: **a mix of incontinence types.**

**5. Mobility**

Independent  Verbal Cueing  Stand-by Assistance  Hands-on Assistance  Dependent

Notes:

---

---

---

**6. Eating**

Independent  Verbal Cueing  Stand-by Assistance  Hands-on Assistance  Dependent

Notes:

---

---

---

**Instrumental Activities of Daily Living**

**7. Meal Preparation**

Independent  Verbal Cueing  Stand-by Assistance  Hands-on Assistance  Dependent

Notes:

---

---

---

**8. Housekeeping/Laundry**

Independent  Verbal Cueing  Stand-by Assistance  Hands-on Assistance  Dependent

Notes:

---

---

---

**9. Transportation**

Independent  Verbal Cueing  Stand-by Assistance  Hands-on Assistance  Dependent

Notes:

---

---

---

---

**10. Medication Management**

Independent  Verbal Cueing  Stand-by Assistance  Hands-on Assistance  Dependent

Notes:

---

---

---

**11. Money Management**

Independent  Verbal Cueing  Stand-by Assistance  Hands-on Assistance  Dependent

Notes:

---

---

---

**12. Shopping**

Independent  Verbal Cueing  Stand-by Assistance  Hands-on Assistance  Dependent

Notes:

---

---

---

**Recommended Service Needs:**

- Home Delivered Meals
- Medi-CAL application assistance
- CalFresh application assistance

**Aging & Independence Services referral**

- Adult Protective Services
- In-Home Supportive Services
- Case Management Programs
- Caregiver Programs
- Legal and Financial Services

Public Transportation

Home Share Program

Utility Assistance

Additional Assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_