

Be Counted!!!

ACTIVITIES OF DAILY LIVING (ADL'S) - ability to perform ordinary activities

Directions - Check "yes" or "no"

	<u>Yes</u>	<u>No</u>
1 - I can use utensils & eat without help	_____	_____
2 - I can get in & out of a bed or chair	_____	_____
3 - I dress & undress without help	_____	_____
4 - I get in & out of bath/shower without help	_____	_____
5 - I can prepare my bath & wash/dry myself	_____	_____
6 - I can complete toilet activities without help	_____	_____
7 - I walk up/down a flight of stairs without help	_____	_____
8 - I walk without getting tired or needing help	_____	_____

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL) - important to independence

Directions - Check "yes" or "no"

	<u>Yes</u>	<u>No</u>
1 - I can prepare my own meals	_____	_____
2 - I can do housekeeping & outside chores	_____	_____
3 - I can do my own grocery shopping	_____	_____
4 - I can travel in a van, taxi, bus or car without help	_____	_____
5 - I answer the phone & can call the operator	_____	_____
6 - I clean my teeth, comb my hair, shave, etc.	_____	_____
7 - I handle my own bill paying, banking, etc.	_____	_____
8 - I do my own laundry	_____	_____

"The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff."

