

Family Service Association of Bucks County
Housing Subsidy/HUD PRAC 811
ADL Assessment Form

Client's Name: _____

DOB: _____

Instructions: Write in the appropriate value number on the score lines provided to the right.

- | | <u>Value #</u> |
|---|----------------|
| 1. TOILET | _____ |
| 4 Cares for self at toilet completely, no incontinence | |
| 3 Needs to be reminded, or needs help in cleaning self, or has rare (weekly at most) accidents | |
| 2 Soiling or wetting while asleep, more than once a week | |
| 1 Soiling or wetting while awake, more than once awake | |
| 0 No control over bowels or bladder | |
| 2. FEEDING | _____ |
| 4 Eats without assistance | |
| 3 Eats with minor assistance at meal times, with help preparing food or w/help cleaning up | |
| 2 Feeds self with moderate assistance and is untidy | |
| 1 Requires extensive assistance for all meals | |
| 0 Does not feed self at all and resists efforts of others to feed him/her | |
| 3. DRESSING | _____ |
| 4 Dresses, undresses and selects clothes from own wardrobe | |
| 3 Dresses and undresses self, with minor assistance | |
| 2 Needs moderate assistance in dressing or selecting of clothes | |
| 1 Needs major assistance in dressing but cooperates with efforts of another to help | |
| 0 Completely unable to dress self and resists efforts of another to help | |
| 4. GROOMING (neatness, hair, nails, hands, face, clothing) | _____ |
| 4 Always neatly dressed and well-groomed, without assistance | |
| 3 Grooms self adequately, with occasional minor assistance, e.g. in shaving | |
| 2 Needs moderate and regular assistance or supervision in grooming | |
| 1 Needs major assistance in dressing but cooperates with efforts of another to help | |
| 0 Actively negates all efforts to others to maintain grooming | |
| 5. PHYSICAL AMBULATION | _____ |
| 4 Goes about grounds or city | |
| 3 Ambulates within residence or about one block distance | |
| 2 Ambulates with assistance of (check one): _____ another person, _____ railing, _____ cane
_____ walker, _____ wheelchair: ___ gets in/out without help ___ needs help getting in/out | |
| 1 Sits unsupported in chair or wheelchair, but cannot propel self without help | |
| 0 Bedridden more than half the time | |
| 6. BATHING | _____ |
| 4 Bathes self (tub, shower, sponge bath) without help | |
| 3 Bathes self, with help of getting in and out of tub | |
| 2 Washes face and hands only, but cannot bath rest of body | |
| 1 Does not wash self but is cooperative with those who bathe him/her | |
| 0 Does not try to wash self, and resists efforts to keep clean | |
| 7. RESPONSIBILITY FOR OWN MEDICATION | _____ |
| 2 Is responsible for taking medications in correct dosages at correct time | |
| 1 Takes responsibility if medication is prepared in advance in separate dosages | |
| 0 Does not take medication without being distributed or refuses to take medications | |

Doctor's signature

Date Assessed