

Needs Assessment Worksheet

This worksheet will help you and other family members determine what types of assistance your loved one needs.

Activities Of Daily Living (ADLs)

Activity	Accomplishes alone	Needs some help	Needs much help
Bathing			
Dressing			
Grooming			
Toileting			
Eating a nutritious diet			
Getting out of bed			
Getting out of chair			
Walking			

Instrumental Activities Of Daily Living (IADLs)

Activity	Accomplishes alone	Needs some help	Needs much help
Using the telephone			
Shopping for personal items			
Transportation			
Managing money			
Doing laundry			
Doing light housework			
Preparing meals			

Conditions/Functional Status How do the following affect the person's ability to function?

Limitation	No effect	Some effect	Major effect
Hearing			
Vision			
Perception			
Orientation			
Thinking			
Memory			
Decision-Making/Judgment			
Physical Dexterity			
Balance			
Strength			
Energy			
Bladder or bowel control			
Arthritis			
Hypertension			
Heart disease			
Diabetes			
Physical deformity			
Depression			