

Activities of Daily Living (ADL) Checklist

Checklist · 95 items · 20 sections

A clinical reference for assessing functional independence in elderly or disabled individuals. Built on the Katz Index (BADL), Lawton-Brody IADL Scale, Barthel Index, and FIM. Covers all six basic ADLs, eight IADLs, advanced ADLs, scoring approaches, referral triggers, home safety overlap, and caregiver burden tools.

Open the editable version online:

<https://genechecklist.com/checklist/activities-of-daily-living-checklist>

FRAMEWORK ORIENTATION

- Distinguish Basic ADLs (BADLs, Katz) from Instrumental ADLs (IADLs, Lawton-Brody) before scoring
HIGH
- Document the six Katz BADLs in order: bathing, dressing, toileting, transferring, continence, feeding
HIGH
- Document the eight Lawton-Brody IADLs: telephone, shopping, food prep, housekeeping, laundry, transportation, medications, finances
HIGH
- Identify Advanced ADLs (AADLs) per Reuben & Solomon (1989): work, volunteering, social engagement, hobbies, religious participation
- Record baseline function prior to acute illness, not current hospital-day status, when establishing decline
HIGH

BASIC ADL: BATHING (KATZ)

- Bathing - score independent if completely self-bathes or needs help only with a single body part (back, genital area, disabled extremity)
HIGH
- Bathing - score dependent if needs help bathing more than one body part, getting in/out, or requires complete bathing
HIGH
- Observe the patient transferring into and out of the tub or shower, not just verbal report
HIGH
- Note adaptive equipment in use: tub bench, handheld shower, grab bars, non-slip mat

- Screen for skin integrity during the bathing observation per AOTA recommendations

BASIC ADL: DRESSING (KATZ)

- Dressing - independent: retrieves clothes and dresses fully (incl fasteners), only needs help tying shoes

HIGH

- Dressing - dependent: needs help dressing or must be dressed completely

HIGH

- Observe upper-body and lower-body dressing as separate sub-tasks per FIM scoring
- Note ability to manage buttons, zippers, snaps, shoelaces; flag fine motor decline
- Document dressing aids: reacher, sock aid, long-handled shoehorn, elastic laces

BASIC ADL: TOILETING (KATZ)

- Toileting - independent: goes to toilet, transfers, arranges clothing, cleans without help

HIGH

- Toileting - dependent: needs help transferring, cleaning, or uses bedpan/commode

HIGH

- Time the toilet transfer; flag delays over 30 seconds for fall risk
- Assess perineal hygiene independence as a distinct sub-skill
- Document raised toilet seat, bedside commode, or toilet safety frame in use

BASIC ADL: TRANSFERRING (KATZ)

- Transferring - independent: moves in/out of bed and chair without assistance (mechanical aids acceptable)

HIGH

- Transferring - dependent: needs help moving from bed to chair or unable to transfer

HIGH

- Apply Barthel Index 3-level scoring: 0 unable, 5 major help, 10 minor help, 15 independent
- Observe sit-to-stand, stand-to-sit, bed mobility (rolling, supine to sit) separately
- Record assistive device: walker, cane, gait belt, Hoyer lift, sit-to-stand lift

BASIC ADL: CONTINENCE (KATZ)

- Continence - continent: complete self-control over urination and defecation

HIGH

- Continence - incontinent: partial or total incontinence of bowel or bladder

HIGH

- Distinguish stress, urge, overflow, functional, mixed urinary incontinence per NIA guidance
- Quantify frequency: occasional accident (<weekly), weekly, daily, constant
- Document toileting schedule, prompted voiding program, absorbent product use

BASIC ADL: FEEDING (KATZ)

- Feeding - independent: gets food plate-to-mouth without help (prep may be done by another)
HIGH
- Feeding - dependent: needs partial or total help, or requires parenteral feeding
HIGH
- Assess self-feeding separately from chewing/swallowing; refer to SLP if dysphagia suspected
HIGH
- Observe cutting, scooping, cup-to-lip movements; grade with FIM 7-level scale for detail
- Note adaptive utensils: built-up handles, rocker knife, plate guard, non-slip mat, weighted cup

IADL: TELEPHONE USE

- Telephone - score per Lawton: operates independently (3) / dials known numbers (2) / answers only (1) / does not use (0)
- Test ability to look up numbers in a directory or contacts app
- Assess hearing during phone use; flag for audiology referral if speech discrimination is poor
- Note adaptive equipment: amplified phone, large-button phone, captioned phone (CapTel), voice assistants (Alexa, Google)

IADL: SHOPPING

- Shopping - independent (1) / small purchases only (0) / accompanied (0) / unable (0)
- Observe list-making, item selection, payment, bag-handling as distinct subtasks per AOTA framework
- Assess executive function during shopping; flag deficits for cognitive screening (MoCA, MMSE)

IADL: FOOD PREPARATION

- Food prep - plans, prepares, serves adequately (1) / prepares if ingredients supplied (0) / heats prepared only (0) / needs meals prepared (0)
- Inspect stove, oven, microwave for unsafe use patterns: burn marks, forgotten pots, scorched cookware
HIGH
- Screen nutritional adequacy using DETERMINE checklist or Mini Nutritional Assessment (MNA)
- Document use of meal delivery (Meals on Wheels, Mom's Meals) or congregate meal sites

IADL: HOUSEKEEPING

- Housekeeping - maintains alone (1) / occasional assistance (1) / light tasks only (1) / cannot maintain cleanliness (1) / no participation (0)
- Walk through the home to verify report; check kitchen, bathroom, bedroom against verbal claims
- Refer to home health aide services if multiple housekeeping subtasks are failing

IADL: LAUNDRY

- Laundry - completely (1) / small items (1) / all done by others (0)
- Verify access to washer/dryer, ability to operate controls, capacity to carry baskets
- Document use of laundry service, family support, or facility laundry

IADL: TRANSPORTATION

- Transportation - independent public/car (1) / arranges taxi only (1) / public transit accompanied (1) / taxi/auto with assistance (0) / does not travel (0)
- Screen driving fitness per AMA Physician's Guide; refer for a driver rehabilitation evaluation if concerned
- HIGH**
- Document access to paratransit, rideshare (Uber, Lyft, GoGoGrandparent), family driver

IADL: MEDICATION MANAGEMENT

- Medications - correct dosages/times (1) / takes if prepared in advance (0) / not capable (0)
- HIGH**
- Conduct a brown-bag review: bring every bottle (incl supplements/OTC) and demonstrate dosing
- HIGH**
- Reconcile against the discharge medication list after every hospitalization
- HIGH**
- Recommend pill organizer, automated dispenser (Hero, MedMinder), or blister-pack pharmacy when timing errors observed

IADL: FINANCE MANAGEMENT

- Finances - independently (1) / day-to-day only (1) / incapable (0)
- HIGH**
- Screen for financial exploitation per CFPB and NAPSA: unpaid bills, unusual withdrawals, new 'friends'
- HIGH**

- Refer to elder-law attorney for power of attorney or guardianship if capacity is declining

ADVANCED ADLS (AADLS)

- Document current work status: employed, retired, partially employed, unable to work
- Document volunteer roles, religious participation, community engagement
- List active hobbies and leisure pursuits; loss of previously enjoyed activities is a depression indicator (PHQ-9 anhedonia)
- Assess social network size and contact frequency using the Lubben Social Network Scale

ASSESSMENT PROCESS AND SCORING

- Prefer direct observation over self-report; patients commonly overestimate function
HIGH
- Supplement with caregiver report using the Functional Activities Questionnaire (FAQ, Pfeffer 1982)
HIGH
- Reassess function after every hospitalization, fall, surgery, new diagnosis, or documented cognitive change
HIGH
- Score Katz Index 0-6 (higher = more independent); Lawton-Brody IADL 0-8 (women) or 0-5 (men in original)
HIGH
- Score Barthel Index 0-100 (or 0-20 modified) for rehabilitation settings
- Score Functional Independence Measure (FIM): 18 items, 7 levels each, total 18-126, for inpatient rehab

REFERRAL TRIGGERS

- Refer to OT when 2+ BADLs decline or when IADLs become unsafe
HIGH
- Refer to PT when transferring, ambulation, or fall risk worsen; document Timed Up and Go (TUG) >12 seconds
HIGH
- Refer to medical social work when IADLs decline and home safety, isolation, finances are affected
HIGH
- Refer to SLP for dysphagia, aphasia, cognitive-communication deficits
HIGH

- Refer to hospice when prognosis < 6 months and dependent in 2+ ADLs (NHPCO; FAST Stage 7 for dementia)

HIGH

- Refer to home health under Medicare when homebound and requires skilled nursing or therapy

HIGH

HOME SAFETY AND FALL-RISK OVERLAP

- Conduct home safety walkthrough using CDC STEADI Home Fall Prevention Checklist for Older Adults

HIGH

- Install grab bars at toilet and tub, secured to studs or with proper anchors, per ADA dimensions

HIGH

- Add raised toilet seat or toilet safety frame when transfers are slow/unsteady

HIGH

- Place non-slip mats in tub and shower; remove throw rugs throughout the home

HIGH

- Install bed rails or a half-rail for repositioning support; document entrapment risk per FDA guidance

- Recommend a lift recliner or power lift chair when sit-to-stand is failing

- Set up medication management: pill organizer, automated dispenser, or pharmacy blister pack

HIGH

- Enroll in medical alert: Philips Lifeline, Lively (GreatCall), Life Alert, Bay Alarm, or Apple Watch fall detection

HIGH

- Ensure adequate lighting on stairs and pathways; add motion-sensor night lights on bathroom routes

- Review footwear for non-skid soles; discourage stocking feet and backless slippers

CAREGIVER BURDEN AND SUPPORT

- Administer Zarit Burden Interview (22-item full or 12-item short form) to the primary caregiver

HIGH

- Screen the caregiver for depression with PHQ-9 and anxiety with GAD-7

HIGH

- Discuss respite care: in-home respite, adult day services, short-term residential respite

HIGH

- Identify local Area Agency on Aging via Eldercare Locator (1-800-677-1116)

- Review long-term care insurance benefits, Medicaid HCBS waivers, VA Aid and Attendance eligibility
- Recommend caregiver support groups: Family Caregiver Alliance; Alzheimer's Association 24/7 Helpline 1-800-272-3900
- Schedule advance care planning (The Conversation Project, Five Wishes) when ADL decline signals progressive trajectory