|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | Independent | Needs Help | Dependent | Does Not Do |
| Bathing |  |  |  |  |
| Dressing |  |  |  |  |
| Grooming |  |  |  |  |
| Oral Care |  |  |  |  |
| Using the toilet |  |  |  |  |
| Getting out of bed |  |  |  |  |
| Walking |  |  |  |  |
| Climbing Stairs |  |  |  |  |
| Eating |  |  |  |  |
| Shopping |  |  |  |  |
| Cooking |  |  |  |  |
| Taking/Managing Medications |  |  |  |  |
| Using the phone |  |  |  |  |
| Housework |  |  |  |  |
| Doing laundry |  |  |  |  |
| Driving |  |  |  |  |
| Managing Finances |  |  |  |  |