**Mrs. Jones is a new resident at the nursing home. You need to fill out the Checklist of Activities of Daily Living for her. This is the information she says. Fill out the ADL form.**

There are many things I can do on my own, without help. I can walk, eat, talk on the phone, brush my teeth, and comb my hair.

There are other things that I need a little help with. I need help taking a bath or shower because I’m afraid I might fall. I need help shopping and cooking because I can’t stand on my feet for a long time. I also need help climbing stairs because it is hard for me.

Some things I can’t do on my own at all. I can’t get dressed or go to the bathroom. I can’t get out of bed. I can’t take medications on my own because I can’t read the bottle label and I get confused. I can’t do housework or laundry.

I have had to stop doing some things. I don’t drive anymore. If I need to go somewhere, my son will drive me. I don’t pay my own bills anymore either. My daughter is a businesswoman and she takes care of my money for me.