



ACTIVITIES OF DAILY LIVING FUNCTIONAL ASSESSMENT

Initial

Follow-up

CHECK LIST

Date: _____

Claimant Name : _____

Claim No. : _____

Date of Loss : _____

File Ref. No. : _____

Address : _____

Phone No.: _____

Type of Home

House Condominium Other (specify)
 Apartment Townhouse _____

Number of Residents : _____

Lot Size : _____

Number of Floors : _____

Number of Stairs : _____

PHYSICAL (√ indicates activities completed before and after accident)

	Task	Before Accident			After Accident			Limitations
		able	partial	unable	able	partial	unable	
Personal Care	Bath/shower							
	Dressing/Undressing							
	Grooming							
	Washing hair							
	Drying hair/styling							
	Toileting							
	Eating/Drinking							
	Swallowing							
	Bowel function							
Bladder function								
Mobility	Transfers: tub							
	shower							
	toilet							
	bed							
	chair							
pivot								

Claimant's Initials _____

Date _____

	Task	Before Accident			After Accident			Limitations
		able	partial	unable	able	partial	unable	
Mobility (cont'd.)	Positioning:							
	sitting							
	lying							
	standing							
	walking							
	sleeping positions							
	Climbing Stairs:							
	ascending							
	descending							
	driving							
passenger								
public transportation								
House Keeping	Laundry:							
	carrying							
	washing/drying							
	folding							
	sewing							
	ironing							
	Bathroom:							
	tub							
	toilet							
	sink							
	mirrors							
	floor							
	Kitchen: floors							
	sink							
	counters							
	microwave/							
	stove							
	fridge							
	dishes by hand							
	dishwasher							
	Dusting: high							
	low							
Vacuuming: floors								
stairs								
Bedrooms:								
bed-making								
sheet-changing								
Garbage: removal								
Meals:								
preparation - large								
- small snacks								
- serving								
Shopping:								
- groceries								
- carrying groceries								
- general								
Home Maintenance:								
weekly garbage								
removal								
lawn care								
snow removal								
gardening								

Claimant's Initials _____

Date _____

	Task	Before Accident			After Accident			Limitations
		able	partial	unable	able	partial	unable	
House Keeping (cont'd.)	Pets: feeding bathing cleaning area (tank, bed, cage)							
	Child Care: bathing feeding dressing undressing holding lifting carrying supervision transportation							
Cognitive	Memory: keeping appointments errands directions visual							
	Organization: balancing bank book planning meals shopping prioritizing							
	Concentration: reading following TV conversation							
Senses	vision							
	hearing							
	touch							
	taste							
	smell							
Emotion	Sleeping: falling asleep staying asleep early awakening							
	irritability							
	nightmares							
	social interaction							
	word finding							
	writing							
	listening							
speech understanding								
Community Involvement	social groups							
	sports							
	church							
Recreation								

Claimant's Signature _____ Date _____

Witness _____ Date _____