

Activities of Daily Living Skills Inventory

| Individual's Name: | | Independent | Needs Prompts | Needs supervision | Needs physical assistance | Needs total assistance | Comments |
|-----------------------|--|-------------|---------------|-------------------|---------------------------|------------------------|----------|
| Coordinator: | | | | | | | |
| Prep-IP Date: | | | | | | | |
| Annual IP Date: | | | | | | | |
| Bathing | Selecting Water Temperature | | | | | | |
| | Utilizing cleaning agents | | | | | | |
| | Drying off | | | | | | |
| Grooming | Brushing Hair | | | | | | |
| | Applying Deodorant/perfume | | | | | | |
| Shaving | Applying Shave Cream | | | | | | |
| | Pressing razor to skin | | | | | | |
| | Rinsing razor | | | | | | |
| | Rinsing face | | | | | | |
| Dressing | Selecting weather appropriate clothing | | | | | | |
| | Selecting clothing that matches | | | | | | |
| | Selecting clothing appropriate to task | | | | | | |
| | Zippers | | | | | | |
| | Buttons | | | | | | |
| | Pulling on Shirts | | | | | | |
| | Pulling up Pants | | | | | | |
| Eating | Selecting foods | | | | | | |
| | Arranging place setting | | | | | | |
| | Cutting food | | | | | | |
| | Eating at appropriate pace | | | | | | |
| | Eating appropriate amounts | | | | | | |
| Tooth brushing | Applying toothpaste to brush | | | | | | |
| | Brushing teeth for 2 minutes | | | | | | |
| | Rinsing mouth | | | | | | |
| Toileting | Indicating need for bathroom use | | | | | | |
| | Entering and exiting bathroom | | | | | | |
| | Urinating | | | | | | |
| | Defecating | | | | | | |
| | Wiping | | | | | | |
| | Washing hands | | | | | | |
| Ambulating | Walking on flat ground | | | | | | |
| | Walking up steps | | | | | | |
| | Walking down steps | | | | | | |
| | Running | | | | | | |

Interests/Preferences/Strengths/Weaknesses/Relationships

| | In the Home | In the Community |
|--------------------------|--|------------------|
| Things I like | My bedroom , care I get etc | |
| Things I don't like | Loud noises, my roommate etc. | |
| Things I am good at | Singing, dancing, coloring, remembering to take my meds etc. | |
| Things I need help with | Aside from ADL's applying for school , MTA etc. | |
| People I like to be with | Add relationships here | |

Activities

| At home | In the Community |
|---|--|
| <input type="checkbox"/> Talk on the Telephone | <input type="checkbox"/> Go to Dances |
| <input type="checkbox"/> Use the Computer | <input type="checkbox"/> See Movies |
| <input type="checkbox"/> Play Video Games | <input type="checkbox"/> Go to Sporting Events |
| <input type="checkbox"/> Listen to Music | <input type="checkbox"/> Visiting Local Parks |
| <input type="checkbox"/> Watch TV/Shows | <input type="checkbox"/> Go to Concerts |
| <input type="checkbox"/> Watch movies at home | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Dance in my home | <input type="checkbox"/> Go to Museum's |
| <input type="checkbox"/> Work on Puzzles | <input type="checkbox"/> Visiting places like the Inner Harbor |
| <input type="checkbox"/> Spend time with housemates | <input type="checkbox"/> Shop at Malls |
| <input type="checkbox"/> Spend time with staff | <input type="checkbox"/> Shop at Stores |
| <input type="checkbox"/> Play Board Games | <input type="checkbox"/> Have my hair done |
| <input type="checkbox"/> Play with Toys | <input type="checkbox"/> Do my own banking |
| <input type="checkbox"/> Help Prepare Dinner | <input type="checkbox"/> Visit with friends |
| <input type="checkbox"/> Participate in Chores | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Playing Sports |
| <input type="checkbox"/> Coloring/Arts and Crafts | <input type="checkbox"/> Taking Walks |
| <input type="checkbox"/> Reading books or magazines | <input type="checkbox"/> Going for Community Rides |
| <input type="checkbox"/> Watch Television | <input type="checkbox"/> Visiting Libraries |
| <input type="checkbox"/> Play outside | <input type="checkbox"/> Spending time with my family |
| <input type="checkbox"/> Relax | <input type="checkbox"/> Going to the Zoo |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| OTHER: _____ | OTHER: _____ |

I would rather:

| | | |
|---|----|--|
| <input type="checkbox"/> Be at home | or | <input type="checkbox"/> Be in the community |
| <input type="checkbox"/> Eat at home | or | <input type="checkbox"/> Go out to dinner in the community |
| <input type="checkbox"/> Watch movies at home | or | <input type="checkbox"/> Go to the movies |
| <input type="checkbox"/> Shop at small stores | or | <input type="checkbox"/> Shop at the mall |
| <input type="checkbox"/> Watch a sporting event | or | <input type="checkbox"/> Participate in a sporting event |
| <input type="checkbox"/> Listen to music | or | <input type="checkbox"/> Watch television |
| <input type="checkbox"/> Take a shower at night | or | <input type="checkbox"/> Take a shower in the morning |
| <input type="checkbox"/> Go to bed early | or | <input type="checkbox"/> Stay up late |
| <input type="checkbox"/> Wake Up early | or | <input type="checkbox"/> Sleep In |
| <input type="checkbox"/> Spend time in my bedroom | or | <input type="checkbox"/> Spend time in common areas of my |
| <input type="checkbox"/> Hang out with my family | or | <input type="checkbox"/> Hang out with my friends |
| <input type="checkbox"/> Have a clean bedroom | or | <input type="checkbox"/> Have a messy bedroom |
| | | |



My Favorites

Food : _____

Drink : _____

Snack : _____

Ice Cream Flavor : _____

Chore at home : _____

Chore outside : _____

Television Show : _____

Television Channel : _____

Type of Movie : _____

Movie : _____

Store to Shop In : _____

Thing to do in the evening : _____

Thing to do on the weekend : _____

Type of Music : _____

Band or Music Artist : _____

Restaurant : _____

Vacation Destination : _____

Sport : _____

Place to go in the Community : _____

Animal : _____

Season/Weather : _____

Day of the week : _____

Holiday : _____

Do you like Where you Live? _____

Do you like your Housemates? _____

Do you like your staff? _____

Domain III- Economic Activity (ABS)



(Money Handling and Budgeting)

Money Handling (Circle Highest Level)

- 4 Takes complete care of own money
- 3 Makes change correctly but does not use banking facilities
- 2 Adds coins of various denominations, up to one dollar
- 1 Uses money but does not make change correctly
- 0 Does not use money

_____ **Total**

Banking (Circle All Answers)

Yes No

- 1 0 Uses bank facilities independently
- 1 0 Maintains account with assistance
- 1 0 Can fill out deposit and withdrawal slips
- 1 0 Has a bank card- can use money machine

_____ **Total**

Budgeting (Circle All Answers)

Yes No

- 1 0 Saves money or tokens for a particular purpose
- 1 0 Budgets, fares, meals, etc.
- 1 0 Spends money with some planning
- 1 0 Controls own major expenditures

_____ **Total**

Errands (Circle Highest Level)

- 4 Goes to several shops and specifies different items
- 3 Goes to one shop and specifies one item
- 2 Goes on errands for simple purchasing without a note
- 1 Goes on errands for simple purchasing with a note
- 0 Cannot be sent on shopping errands

_____ **Total**

Purchasing (Circle Highest Level)

- 5 Buys own clothing
- 4 Buys own clothing accessories
- 3 Makes minor purchases without help (candy, soft drinks, etc.)
- 2 Does shopping with slight supervision
- 1 Does shopping with close supervision
- 0 Does no shopping

_____ **Total**

Shopping Resources (Circle All Answers)

Yes No

- 1 0 Has charge card for specific stores
- 1 0 Has general credit cards or other credit arrangements
- 1 0 Carries appropriate identification
- 1 0 Can endorse check

_____ **Total**

Grand Total from the six categories above:_____

Select one: **Approved** **Disapproved**

If "Approved", why was the individual approved to receive his/her own monies via a check from their account made out to him/her: _____

Staff Member completing this form (Print Name):_____