

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):_____