

Functional Status Assessment

Patient Name: _____

Date of service: _____

Do you have difficulty or require assistance with any of the following?

Activities of Daily Living Instrumental Activities of Daily Living


- | | | | |
|------------|--|-------------------------------|--|
| *Bathing | <input type="checkbox"/> Yes <input type="checkbox"/> No | *Administering own medication | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Dressing | <input type="checkbox"/> Yes <input type="checkbox"/> No | *Grocery shopping | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Toileting | <input type="checkbox"/> Yes <input type="checkbox"/> No | *Preparing meals | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Grooming | <input type="checkbox"/> Yes <input type="checkbox"/> No | *Using the telephone | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Feeding | <input type="checkbox"/> Yes <input type="checkbox"/> No | *Driving transportation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Transfer | <input type="checkbox"/> Yes <input type="checkbox"/> No | *Handling own finances | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | *Housekeeping/Laundry | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*ADLs are the essential elements of self-care. Inability to independently perform even one activity may indicate need for supportive services.

*IADLs are associated with independent living in the community and provide a basis for considering the type necessary in maintaining independence.

Have you fallen in the past?

Yes No

760.202.0686 

www.indusmedicalassociates.com 

35400 Bob Hope Drive, Suite 209
Rancho Mirage, CA, 92270 

