

Needs and Self-care Abilities

Activities

	Independent	Needs Help	Notes
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	_____
Housework	<input type="checkbox"/>	<input type="checkbox"/>	_____
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	_____
Transport	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mail	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bills	<input type="checkbox"/>	<input type="checkbox"/>	_____
Driving	<input type="checkbox"/>	<input type="checkbox"/>	_____

Devices and Equipment

	Needs Help	Notes
Glasses	<input type="checkbox"/>	_____
Hearing Aid	<input type="checkbox"/>	_____
False Teeth	<input type="checkbox"/>	_____
Walker	<input type="checkbox"/>	_____
Wheelchair	<input type="checkbox"/>	_____

Other: _____	Needs Help	Notes
Other: _____	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	_____