



Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

Date: \_\_\_\_\_

# NEEDS ASSESSMENT WORKSHEET

## Activities of Daily Living (ADLs)

Activities	Accomplishes Alone	Needs Some Help	Needs Much Help
Bathing			
Dressing			
Toileting			
Eating			
Getting out of bed			
Getting up from chair			
Walking			

## Instrumental Activities of Daily Living (ADLs)

Activities	Accomplishes Alone	Needs Some Help	Needs Much Help
Using the telephone			
Shopping for personal items			
Transportation			
Managing money			
Doing laundry			
Doing light housework			
Preparing meals			



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# NEEDS ASSESSMENT WORKSHEET

## Conditions/Functional Status

Limitation	No Effect	Some Effect	Major Effect
Hearing			
Vision			
Perception			
Orientation			
Thinking			
Memory			
Decision making/Judgment			
Physical dexterity			
Balance			
Strength			
Energy			
Bladder or bowel control			
Arthritis			
Hypertension			
Heart Disease			
Diabetes			
Depression			
Physical Deformities			

