

COMPREHENSIVE CARE FOR Older Adults with HIV

Activities of Daily Living (ADL) Screening

| Activities of Daily Living Screen (ADL) | | | | | |
|---|---|---|---|---|-------|
| Activity | Description | 3 | 2 | 1 | Notes |
| Physical Ambulation (going places) | Ability to walk, sit, stand, lie down and get up, and climb up and down stairs, both inside and outside your living space | | | | |
| Feeding (feeding yourself) | Ability to feed yourself and use fork/knife/spoon | | | | |
| Dressing (dressing yourself) | Ability to dress yourself properly, including using buttons and zippers | | | | |
| Grooming (combing hair, brush teething, shaving) | All activities necessary to maintain personal hygiene, (e.g. brushing your teeth, bathing, shaving, hair and nail care) | | | | |
| Bathing (taking baths and/or showers) | Getting into baths and/or showers and washing yourself | | | | |
| Toileting (able to go to bathroom) | Ability to use the toilet safely and clean yourself after use. | | | | |
| Incontinence (lack of voluntary control over urination or defecation) | Ability to control your bladder and bowels (continence) | | | | |

Independent: Can do completely alone = 3 Partially Able: Can do with help from someone else = 2 **Unable:** Needs full assistance from someone else = 1

- 1. Provide the following instructions: Please answer the following questions about how well you can do each activity: as independent [3], partially able with help [2], or unable to do it without full assistance [1].
- 2. Read each activity (column 1) and its description (column 2), and ask the patient to respond with his/her ability to perform that activity.
- 3. Add scores (1, 2, or 3) for each activity. Maximum score is 21. There is no cut off; this is used to identify where additional assistance is needed to guide the geriatrician's care plan.

