



The Granny Group

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ADL & IADL Independence Assessment

Complete this assessment every 2-3 months to monitor changes in independence.

Loved One: _____ Date: _____ Completed By: _____

Activities of Daily Living (ADLs)

Activity	Independent	Needs Some Help	Dependent	Notes / Changes
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transferring (Bed/Chair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Continence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Instrumental Activities of Daily Living (IADLs)

Activity	Independent	Needs Some Help	Dependent	Notes / Changes
Managing Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preparing Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grocery Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Managing Finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Using the Telephone/Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation/Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scheduling Appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Running Errands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Managing Household Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Overall Observations

Changes since last assessment:

Safety concerns:

Questions for the healthcare provider:

Goals before next assessment:
