



PERSONAL NEEDS ASSESSMENT TOOL

What care and help is needed now or in the future?

Personal Activities of Daily Living

Activity	Accomplishes Alone	Needs Some Help	Needs Much Help
Bathing			
Dressing			
Grooming			
Toileting			
Eating / Feeding			
Managing Medications			
Getting out of Bed/Chair			
Walking			
Wound Care			

Additional Concerns: _____

Instrumental Activities of Daily Living

Activity	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			

Additional Concerns: _____

PERSONAL NEEDS ASSESSMENT TOOL

Functional Status

Limitation	No concern	Some concern	Major concern
Hearing			
Vision			
Orientation to time & place			
Ambulation /Mobility			
Balance			
Strength / Stamina			
Energy			

Mental Status

Memory			
Decision making / Judgment			
Behavior Issues (agitation, aggression...)			
Wandering			

Health Conditions

Bladder or bowel control			
Chronic Health Conditions			
Developmental Disability			
Physical disability			
Mental illness (depression, anxiety...)			

Additional Concerns: _____

Pathways Information & Assistance Tel: 206-448-3110 - 888-435-3377

Adapted from: *Needs Assessment Worksheet*, www.caregiverslibrary.org