



Name: _____

Date: _____

Self Care:

Please circle your responses and add additional comments where necessary.

Dressing/Undressing:

Remove socks:	yes	no
Remove shoes:	yes	no
Put on shoes:	yes	no
Remove underwear:	yes	no
Put on socks:	yes	no
Put on underwear:	yes	no
Remove trousers/pants:	yes	no
Put on trousers/pants:	yes	no
Remove shirt:	yes	no
Put on shirt:	yes	no
Remove sweater/jacket:	yes	no
Put on sweater/jacket:	yes	no

Hygiene:

Wash hands:	yes	no
Dry hands:	yes	no
Get into tub:	yes	no
Get out of tub:	yes	no
Bathe self:	yes	no
Put on toothpaste:	yes	no
Brush teeth:	yes	no
Tolerate hair washing:	yes	no
Brush/comb hair:	yes	no
Blow nose:	yes	no
Use deodorant:	yes	no
Feminine hygiene:	yes	no

Fasteners:

Open/close zippers:	yes	no
Open/close buttons:	yes	no
Open/close snaps:	yes	no
Tie/untie shoelaces:	yes	no

Toileting:

Toilet trained:	yes	no
Get onto toilet:	yes	no
Get off toilet:	yes	no
Adjust clothing:	yes	no
Flush toilet:	yes	no
Use toilet paper:	yes	no
Bed wet:	yes	no

Feeding:

Use Utensils:	yes	no
Eat within a normal time:	yes	no
Drink from a straw/cup:	yes	no

Additional Comments:
