Needs Inventory

Person Evaluated:

Date of Birth: **Age:** **Today's Date:**

Evaluation Made by: **Location:**

Activity	Need for Assistance		
	None	Some	A Lot
1. Bathing			
2. Dressing			
3. Feeding			
4. Grooming			
5. Toileting			
6. Transfer			
7. Walking			
8. Laundry			
9. Light housework			
10. Meal preparation			
11. Medication management			
12. Money management			
13. Shopping			
14. Transportation			
15. Telephone use			

Condition	Has Difficulty?		
	None	Some	A Lot
16. Balance			
17. Depression			
18. Diabetes			
19. Hearing			
20. Heart condition			
21. Hypertension			
22. Incontinence, bladder			
23. Incontinence, bowel			
24. Perception			
25. Sleeping at night			
26. Strength			
27. Vision			

Memory and Independence	Yes	No
28. Combative behaviors?		
29. Identify date and time?		
30. Identify place?		
31. Memory problems?		
32. Recognize familiar people?		
33. Wanders?		

#	Comments