

## Occupational Self Assessment – Daily Living Scales (OSA-DLS)

Completed by (circle one): Patient    Caregiver

Date _____					Subject # _____			
Step 1: Below are statements about things you do in everyday life. For each statement, circle how well you do it. If an item does not apply to you, cross it out and move on to the next item.					Step 2: Next, for each statement, circle how important this is to you.			
	<b>I have a lot of problems doing this</b>	<b>I have some difficulty doing this</b>	<b>I do this well</b>	<b>I do this extremely well</b>	<b>This is not so important to me</b>	<b>This is important to me</b>	<b>This is more important to me</b>	<b>This is most important to me</b>
Bathing	Lot of problems	Some difficulty	Well	Extremely well	Not so important	Important	More important	Most important
Dressing	Lot of problems	Some difficulty	Well	Extremely well	Not so important	Important	More important	Most important
Grooming (washing face, washing hands, brushing teeth, hair care, shaving face/applying makeup)	Lot of problems	Some difficulty	Well	Extremely well	Not so important	Important	More important	Most important
Meal preparation	Lot of problems	Some difficulty	Well	Extremely well	Not so important	Important	More important	Most important
Toileting	Lot of problems	Some difficulty	Well	Extremely well	Not so important	Important	More important	Most important
Walking	Lot of problems	Some difficulty	Well	Extremely well	Not so important	Important	More important	Most important
Maintaining balance while walking	Lot of problems	Some difficulty	Well	Extremely well	Not so important	Important	More important	Most important
Climbing stairs	Lot of problems	Some difficulty	Well	Extremely well	Not so important	Important	More important	Most important
Driving	Lot of problems	Some difficulty	Well	Extremely well	Not so important	Important	More important	Most important
House Cleaning	Lot of problems	Some difficulty	Well	Extremely well	Not so important	Important	More important	Most important
Laundry	Lot of problems	Some difficulty	Well	Extremely well	Not so important	Important	More important	Most important
Grocery shopping	Lot of problems	Some difficulty	Well	Extremely well	Not so important	Important	More important	Most important

Occupational Self-Assessment ©Model of Human Occupation Clearinghouse, Department of Occupational Therapy  
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