



Activities of Daily Living Report

Name: _____ File #: _____ Date: _____

Please Specify the Effect of your Current Condition on the following Daily Activities:

- | | | | | | | | |
|---------------------------|---|--------------------------------------|------------------|-------------------------------------|-------------------|-------------------------------------|-------------------|
| Bending: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Caring for Infirm Family: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Changing Positions: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Climbing Stairs: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Daily Pet Care: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Driving: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Ext Computer Use: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Household Chores: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Kneeling: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Lifting: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Reading/Concentration: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Self Care–Bathing: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Self Care–Dressing: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Self Care–Shaving: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Sexual Activities: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Sleep: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Static Sitting: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Static Standing: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Walking: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |
| Yard Work: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (Limited) | <input type="checkbox"/> Sev | Unable to Perform |

Please Specify any OTHER Recreational Activity affected by your Current Condition. How is it Affected?

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|-------|---|--------------------------------------|------------------|-------------------------------------|-------------------|-------------------------------------|-------------------|
| _____ | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (limited) | <input type="checkbox"/> Sev | Unable to Perform |
| _____ | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (limited) | <input type="checkbox"/> Sev | Unable to Perform |
| _____ | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (limited) | <input type="checkbox"/> Sev | Unable to Perform |
| _____ | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild | Painful (Can do) | <input type="checkbox"/> Mod | Painful (limited) | <input type="checkbox"/> Sev | Unable to Perform |