

## Activities of Daily Living Assessment

Rate your current difficulties by placing the appropriate number in the box.

### Social and Recreational Activities

- bowling                       jogging                       swimming                       golfing                       dancing  
 **biking**                       **hunting/fishing**                       **Activities of Daily Living Assessment**

Rate your current difficulties by placing the appropriate number in the box.

**If an activity does not cause pain or if pain does not affect an activity, leave box blank.**

- [ 1 ] This activity causes some pain, but it is only a minor annoyance.  
[ 2 ] This activity causes a significant amount of pain, but I can do it.  
[ 3 ] I cannot perform this activity due to pain and disability.

### Self Care and Personal Hygiene

- bathing/showering                       brushing teeth                       putting on shoes                       eating                       doing laundry  
 grooming hair                       making the bed                       putting on pants                       dishes                       going to toilet  
 washing face                       putting on shirt                       cooking                       taking out trash

### Physical Activities

- standing                       walking                       reaching                       bending right                       twisting right  
 sitting                       squatting                       bending forward                       bending left                       twisting left  
 reclining                       kneeling                       bending back                       looking left                       looking right

### Functional Activities

- carrying small objects                       lifting weights off table                       pushing/pulling while standing  
 carrying large objects                       climbing stairs/incline                       exercising upper body  
 carrying briefcase/purse                       pushing/pulling while seated                       exercising lower body  
 lifting object off floor  
competitive sports                       gardening  
 walking                       horse riding                       other: \_\_\_\_\_

### Difficulties with Traveling

- driving in car                       driving for long periods of time  
 riding as passenger                       riding as passenger for long periods of time

### Other activities

Use this scale for the following activities:

- [ 1 ] This activity is slightly affected by my condition  
[ 2 ] This activity is moderately affected by my condition  
[ 3 ] This activity is severely affected by my condition  
[ 4 ] I cannot perform this activity due to my condition

- concentrating                       listening                       reading                       studying                       writing                       using computer  
 sleeping                       sexual relations

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Doctor Signature: \_\_\_\_\_