



Activities of Daily Living Assessment (1/3)

Rate your current difficulties, resulting from your accident/illness, with regard to the various activities listed below. Use the following 1-5 scale and **WRITE IN THE APPROPRIATE NUMBER** that most closely describes your current degree of difficulty:

1= "I can do it without any difficulty"

2= "I can do it without much difficulty, despite some pain"

3= "I manage to do it by myself, despite marked pain"

4= "I manage to do it, despite the pain, but only if I have help"

5= "I cannot do it at all, because of the pain"

NOTE: Only fill in areas that are affected.

Difficulties with Self Care and Personal Hygiene Activities:

- Bathing drying hair brushing teeth putting on shoes taking out trash
- showering combing hair making bed tying shoes eating doing laundry
- washing hair washing face putting on pants cleaning dishes
- going to bathroom

Difficulties with Physical Activities:

- standing walking kneeling bending back twisting left leaning back
- sitting stooping reaching bending left twisting right leaning left
- reclining squatting bending forward bending right leaning forward
- leaning right standing for long periods walking for long periods
- kneeling for long periods

Difficulties with Functional Activities:

- carrying small objects lifting weights off floor pushing things while seated
- exercising upper body carrying large objects lifting weights off table
- pushing things while standing exercising lower body carrying brief case
- climbing stairs pulling things while seated exercising arms
- carrying large purse climbing inclines pulling things while standing
- exercising legs

Difficulties with Social and Recreational Activities:

- bowling jogging swimming ice skating competitive sports dating
- golfing dancing skiing roller skating hobbies dining out



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Activities of Daily Living Assessment (2/3)

Difficulties with Traveling:

- driving a motor vehicle riding as a passenger in a motor vehicle
- riding as a passenger on a train driving for long periods of time
- riding as a passenger on an airplane riding as a passenger for long periods

Use the following **1-5** scale to describe the difficulties below:

- 1= "This area is not affected by my condition"
- 2= "This area is slightly affected by my condition"
- 3= "My condition moderately restricts my ability in this area"
- 4= "My condition seriously limits my ability in this area"
- 5= "My condition prevents me from using this ability"

Difficulties with Different Forms of Communication

- concentrating hearing listening speaking reading
- writing typing

Difficulties with the Senses:

- seeing hearing touch taste smell

Difficulties with Hand Functions:

- grasping holding pinching percussive movements sensory discrimination

Difficulties with Sleep and Sexual Function:

- being able to have normal, restful nights sleep
- being able to participate in desired sexual activity

Write in below any additional information regarding your Activities of Daily Living.
(that wasn't covered above): _____

Prior Symptom History/ Prior Similar Symptoms:

- I have NOT had prior symptoms similar to my current complaints.
- My current complaints DID exist before, but have not been bothering me.
- My current complaints ALREADY existed and were worsened.

