

DATE: _____ NAME: _____

Questions Concerning Activities of Daily Living

Please fill out this form carefully and mark only one box for each question.

1. How well can you perform personal self-care activities including washing, dressing, using the bathroom, etc.?

- I can look after myself normally without having extra discomfort
- I can look after myself normally but have extra discomfort
- It is uncomfortable to look after myself and I am slow and careful
- I need some help but I manage most of my personal self-care
- I need help every day in most aspects of my personal self-care
- I do not get dressed, I wash with difficulty and I stay in bed or lay down most of the day

2. How well can you lift and carry?

- I can lift and carry heavy objects without having extra discomfort
- I can lift and carry heavy objects but I get extra discomfort
- I can lift and carry heavy objects only if they are conveniently positioned
- I can only lift and carry light to medium objects if they are conveniently positioned
- I can only lift very light objects
- I cannot lift or carry anything at all

3. How well can you walk?

- I am able to walk the same distance I could before my injury
- My injury and discomfort prevents me from walking more than 1 mile
- My injury and discomfort prevents me from walking more than 1/2 mile
- My injury and discomfort prevents me from walking more than 1/4 mile
- Because of my injury and discomfort I walk only a limited distance or I use a cane, crutches or walker
- Because of my injury and discomfort I am in bed most of the time or use a wheelchair

4. What is the most strenuous level of activity that you can do for the least 2 minutes

- Very heavy activity
- Heavy activity
- Moderate activity
- Light activity
- Very light activity
- Extremely light to no activity

5. How well can you climb one flight of stairs?

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you still perform the activity)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity or someone else helps you with it)

6. How well can you sit for 30 minutes to an hour?

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity well enough)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity)

7. How well can you sit for two hours?

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity well enough)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity)

8. How well can you stand or walk 30 minutes to an hour?

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity well enough)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity)

9. How well can you stand or walk for two hours?

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity well enough)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity)

10. How well can you reach and grasp something off a shelf at eye level?

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity well enough)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity or someone else helps you with it)

11. How well can you reach and grasp something off a shelf overhead?

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity well enough)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity or someone else helps you with it)

12. Do you have any difficulty with pushing and pulling activities?

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity well enough)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity or someone else helps you with it)

13. Do you have any difficulty with gripping, grasping, holding and manipulation of objects with your hands?

- No difficulty (and you can easily perform the activity) -
- Some difficulty (but you can still perform the activity well enough)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity. or someone else helps you with it)

14. Do you have any difficulty with repetitive motions such as typing on a computer?

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity well enough)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity or someone else helps you with it) _

15. Do you have any difficulty with forceful activities with your arms and hands? -

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity well enough)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity or someone else helps you with it)

16. Do you have difficulty with kneeling, bending or squatting?

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity well enough)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity or someone else helps you with it)

17. Do you have any difficulty with sleeping?

- I have no trouble sleeping because of my injury and discomfort
- My sleep is slightly disturbed (less than 1 hour sleepless) since my injury
- My sleep is mildly disturbed (1-2 hours sleepless) since my injury
- My sleep is moderately disturbed (2-3 hours sleepless) since my injury
- My sleep is greatly disturbed (3-5 hours sleepless) since my injury
- My sleep is completely disturbed (5-7 hours sleepless) since my injury

18. In regards to sexual activity since and because of your injury:

- It is not a problem and there has not been a change because of my injury
- It is a little less frequent because of my injury
- It is much less frequent because of my injury
- No sexual functioning because of my injury

19. In regards to you pain at the moment:

- I have no pain at the moment
- My pain is mild at the moment
- My pain is moderate at the moment
- My pain is severe at the moment
- My pain is the worst imaginable at the moment

20. In regards to your pain most of the time:

- I have no pain most of the time
- My pain is very mild most of the time
- My pain is moderate most of the time
- My pain is fairly severe most of the time
- My pain is the worst imaginable most of the time

21. How much do your injury and/or pain interfere with your ability to travel?

- None
- Some or a little of the time
- A lot or most of the time
- All of the time. I can't travel

22. How much do your injury and/or pain interfere with your ability to engage in social activities?

- None
- Some or a little of the time
- Most of the time
- All of the time. I can't engage in social activities

23. How much do your injury and/or pain interfere with your ability to engage in recreational activities??

- None
- Some or a little of the time
- Most of the time
- All of the time. I can't engage in recreational activities

24. How much do your injury and/or pain interfere with concentrating and thinking?

- None
- Someone a little of the time
- A lot or most of the time
- All of the time- I can't concentrate or think very clearly

25. How much has your injury and/or pain caused emotional distress with depression or anxiety?

- None (no depression or anxiety from the injury or discomfort)
- Some or a little of the time (mild depression or anxiety from the injury or discomfort)
- A lot or most of the time (moderate depression or anxiety from the injury or discomfort)
- All of the time (severe depression or anxiety from the injury or discomfort)