

**ACTIVITIES OF DAILY LIVING FORM**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DATE OF INJURY:** \_\_\_\_\_

**CHECK EACH OF THE ACTIVITIES WHICH YOU HAVE DIFFICULTY PERFORMING (OR CANNOT DO AT ALL) OR WHICH ARE PAINFUL TO PERFORM. IN THE SPACE AFTER EACH ITEM, GIVE AN EXPLANATION IN DETAIL EXPLAINING WHY YOU CANNOT DO IT, EXPLAINING THE DIFFICULTY IN DOING IT IF YOU CAN, AND EXPLAINING THE PAIN.**

**HOUSEWORK**

- \_\_\_ Doing Laundry
- \_\_\_\_\_
- \_\_\_ Making Beds
- \_\_\_\_\_
- \_\_\_ Vacuuming
- \_\_\_\_\_
- \_\_\_ Washing dishes
- \_\_\_\_\_
- \_\_\_ Ironing
- \_\_\_\_\_
- \_\_\_ Carrying Groceries
- \_\_\_\_\_
- \_\_\_ Cooking
- \_\_\_\_\_
- \_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_

**PERSONAL GROOMING**

- \_\_\_ Combing Hair
- \_\_\_\_\_
- \_\_\_ Shaving
- \_\_\_\_\_
- \_\_\_ In/out of bathtub
- \_\_\_\_\_
- \_\_\_ Brushing teeth
- \_\_\_\_\_
- \_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_

**YARD WORK**

- \_\_\_ Mowing lawn
- \_\_\_\_\_
- \_\_\_ Shoveling Snow
- \_\_\_\_\_
- \_\_\_ Raking Leaves
- \_\_\_\_\_
- \_\_\_ Gardening
- \_\_\_\_\_

**TRAVEL**

- \_\_\_ Driving
- \_\_\_\_\_
- \_\_\_ Riding (Passenger)
- \_\_\_\_\_

Minutes per day spent in each type of transportation:

- Auto: \_\_\_\_\_
- Train: \_\_\_\_\_
- Bus: \_\_\_\_\_
- Truck: \_\_\_\_\_
- Airplane: \_\_\_\_\_

**(CONTINUED ON NEXT PAGE)**

