

Activities of Daily Living

Please circle the activities that cause you pain along with being specific on where it aggravates you.

GENERAL

WALKING

SITTING

CLIMBING STAIRS

CHEWING

IN/OUT OF CAR

KNEELING

SLEEPING

STANDING

LIFTING CHILDREN

READING

PLAYING PIANO

SEX

USING THE PHONE

RUNNING

BENDING

LYING IN BED

USING THE COMPUTER

EXERCISING

SITTING IN RECLINER

HOUSEWORK

DOING LAUNDRY

MAKING BEDS

VACUUMING

WASHING DISHES

IRONING

CARRYING GROCERIES

CARING FOR PETS

YARDWORK

MOWING LAWN

RAKING LEAVES

GARDENING

PERSONAL GROOMING

COMB/BLOWDRY HAIR

SHAVING

IN/OUT OF BATHTUB

BRUSHING TEETH

TRAVEL

DRIVING

RIDING IN CAR

PATIENT SIGNATURE: _____ DATE: _____