

NAME _____

DATE _____

Questions Concerning Activities of Daily Living (ADL)

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

- I can look after myself normally without extra discomfort
- I can look after myself normally but have extra discomfort
- Self care activities are uncomfortable and are done slowly
- I manage most of my personal self care with some help
- I need a lot of help daily in most aspects of my self care
- I cannot perform self care activities

2. How well can you lift and carry?

- I can lift and carry heavy objects without extra discomfort
- I can lift and carry heavy objects but I get extra discomfort
- I can lift and carry heavy objects
- I can only lift and carry light to medium objects
- I can only lift very light objects
- I cannot lift or carry anything at all

3. How well can you walk (you may check more than one box)?

- There is no change from before my injury
- Symptoms prevent me from walking more than 1 mile
- Symptoms prevent me from walking more than 1/2 mile
- Symptoms prevent me from walking more than 1/4 mile
- I walk only short distances
- I use a cane, crutches or walker
- I am limited to use of a wheelchair

4. What is the most strenuous level of activity that you can do for at 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 can still perform the activity)
- A lot of difficulty (but you can still perform the activity)
- Cannot climb one flight of stairs

6. How well can you sit for a period of time (even with some pain or discomfort) before you absolutely have to stand, walk or lay down?

- I can sit without any time limitations
- I can only sit between 1 hour to 2 hours at a time
- I can only sit between 30 and 60 minutes at a time
- I can only sit between 15 and 30 minutes at a time
- I can only sit for less than 15 minutes at a time
- I can not sit at all

7. How well can you stand or walk for a period of time (even with some pain or discomfort) before you absolutely have to sit or lay down?

- I can stand/walk without any time limitations
- I can only stand/walk between 1 hour to 2 hours at a time
- I can only stand/walk between 30 and 60 minutes at a time
- I can only stand/walk between 15 and 30 minutes at a time
- I can only stand/walk for less than 15 minutes at a time
- I can not stand or walk at all

8. How well can you reach and grasp something off a shelf at chest level?

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

9. 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)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity)

10. How well can you push or pull (even with some pain or discomfort)?

- I can push or pull very heavy objects
- I can push or pull heavy objects
- I can push or pull light objects
- I can push or pull very light objects
- I can not push or pull anything

11. Do you have any difficulty with gripping, grasping, holding and manipulating objects with your hands?

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

12. 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)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity)

13. 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)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity)

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

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

15. Do you have any difficulty with sleeping?

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

16. In regards to sexual function (orgasm, ejaculation, lubrication, erection) changes since and because of your injury:

- There has not been a change because of my injury
- There has been a slight change because of my injury
- There has been a moderate change because of my injury
- There has been a major change because of my injury
- No sexual functioning because of my injury

17. In regards to your 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

18. 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

19. 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

20. 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

21. 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
- A lot or most of the time
- All of the time – I can't engage in recreational activities

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

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

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

- None
- Some or a little of the time (mild depression or anxiety)
- A lot or most of the time (moderate depression or anxiety)
- All of the time (severe depression or anxiety)

24. Has there been any change in your ability to communicate (writing, typing, seeing, hearing, speaking) since and because of your injury?

	No Change	Mild Change	Moderate Change	Severe Change
Writing				
Typing				
Seeing				
Hearing				
speaking				