

ACTIVITIES OF DAILY LIVING ASSESSMENT

Please assess how your pain or injury affects the following activities by rating them. Use the charts below to track your activities for two weeks.

- 0 = No disturbance due to pain/injury
- L = Light disturbance due to pain/injury
- M = Moderate disturbance due to pain/injury
- S = Severe disturbance due to pain/injury

WEEK 1

| Item | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---------------------------|-----|-----|-----|-----|-----|-----|-----|
| Sleeping | | | | | | | |
| Personal Care | | | | | | | |
| Driving Car | | | | | | | |
| Work | | | | | | | |
| Recreation | | | | | | | |
| Lifting Heavy Objects | | | | | | | |
| Walking | | | | | | | |
| Standing for long periods | | | | | | | |
| Sitting for long periods | | | | | | | |
| Ability to exercise | | | | | | | |
| Other Specify | | | | | | | |
| Other Specify | | | | | | | |

WEEK 2

| Item | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
|---------------------------|-----|-----|-----|-----|-----|-----|-----|
| Sleeping | | | | | | | |
| Personal Care | | | | | | | |
| Driving Car | | | | | | | |
| Work | | | | | | | |
| Recreation | | | | | | | |
| Lifting Heavy Objects | | | | | | | |
| Walking | | | | | | | |
| Standing for long periods | | | | | | | |
| Sitting for long periods | | | | | | | |
| Ability to exercise | | | | | | | |
| Other Specify | | | | | | | |
| Other Specify | | | | | | | |