Activities of Daily Living

Questions

1. How well can I 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 I 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 I walk? (may check more than one box)
   - There is no change from my prior status
   - Symptoms prevents me from walking more than 1 mile
   - Symptoms prevents me from walking more than 1/2 mile
   - Symptoms prevents 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 I do for at least two minutes?
   - Very heavy activity
   - Heavy activity
   - Moderate activity
   - Light activity
   - Very light activity
   - Extremely light to no activity
5. How well do I climb one flight of stairs?
   - No difficulty (can easily perform the activity)
   - Some difficulty (but can still perform the activity)
   - A lot of difficulty (but can still perform the activity)
   - Cannot climb one flight of stairs

6. How well can I sit for 30–60 minutes?
   - No difficulty (can easily perform the activity)
   - Some difficulty (but can still perform the activity)
   - A lot of difficulty (but can still do the activity)
   - Unable (cannot do this activity)

7. How well can I sit for two hours?
   - No difficulty (can easily perform the activity)
   - Some difficulty (but can still perform the activity)
   - A lot of difficulty (but can still do the activity)
   - Unable (cannot do this activity)

8. How well can I stand or walk for 30–60 minutes?
   - No difficulty (can easily perform the activity)
   - Some difficulty (but can still perform the activity)
   - A lot of difficulty (but can still do the activity)
   - Unable (cannot do this activity)

9. How well can I stand or walk for two hours?
   - No difficulty (can easily perform the activity)
   - Some difficulty (but can still perform the activity)
   - A lot of difficulty (but can still do the activity)
   - Unable (cannot do this activity)

10. How well can I reach and grasp something off a shelf at chest level?
    - No difficulty (can easily perform the activity)
    - Some difficulty (but can still perform the activity)
    - A lot of difficulty (but can still do the activity)
    - Unable (cannot do this activity)
11. How well can I reach and grasp something off a shelf overhead?
   - No difficulty (can easily perform the activity)
   - Some difficulty (but can still perform the activity)
   - A lot of difficulty (but can still do the activity)
   - Unable (cannot do this activity)

12. Do I have any difficulty with pushing and pulling activities?
   - No difficulty (can easily perform the activity)
   - Some difficulty (but can still perform the activity)
   - A lot of difficulty (but can still do the activity)
   - Unable (cannot do this activity)

13. Do I have any difficulty with gripping, grasping, holding, and manipulating objects with my hands?
   - No difficulty (can easily perform the activity)
   - Some difficulty (but can still perform the activity)
   - A lot of difficulty (but can still do the activity)
   - Unable (cannot do this activity)

14. Do I have any difficulty with repetitive motions such as typing on a computer?
   - No difficulty (can easily perform the activity)
   - Some difficulty (but can still perform the activity)
   - A lot of difficulty (but can still do the activity)
   - Unable (cannot do this activity)

15. Do I have any difficulty with forceful activities with my arms and hands?
   - No difficulty (can easily perform the activity)
   - Some difficulty (but can still perform the activity)
   - A lot of difficulty (but can still do the activity)
   - Unable (cannot do this activity)

16. Do I have any difficulty with kneeling, bending, or squatting?
   - No difficulty (can easily perform the activity)
   - Some difficulty (but can still perform the activity)
   - A lot of difficulty (but can still do the activity)
   - Unable (cannot do this activity)
17. Do I have any difficulty with sleeping?
   - My injury causes me no trouble in sleeping
   - 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)

18. In regards to my sexual activity:
   - There has been no change
   - It is a little less frequent
   - It is much less frequent
   - I have no sexual functioning

19. In regards to my 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 my 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 does my problem interfere with my ability to travel?
   - Never
   - 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 does my problem interfere with my ability to engage in social activities?

- Never
- Some or a little of the time
- A lot or most of the time
- All of the time—I can’t engage in social activities

23. How much does my problem interfere with my ability to engage in recreational activities?

- Never
- 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

24. How much does my problem interfere with my concentrating and thinking?

- Never
- 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

25. How much has my problem caused emotional distress and/or depression or anxiety?

- Never
- 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)