Patient Name: _____ **Date:_____**

HOW DIFFICULT ARE THE FOLLOWING ACTIVITIES?
Write a number in the <u>first column ONLY</u> that describes your level of ability from 0-4. Do not write in the shaded area.

<u>Key</u>: 0 = Able to do with no difficulty
1 = Able to do with a little difficulty
2 = Able to do with moderate difficulty
3 = Able to do with a lot of difficulty
4 = Unable to do at all
NA = Not applicable

	Patient	Date		Date	Date	Date
Example: Walking short distances	3	Goal	Wks	Progress		
Exercise/Walking						
Exercise (in gym, aerobics, fast paced walking, jogging)						
Walk – short distances (in grocery store, 1-2 blocks)						
Walk – long distances (more than quarter mile)						
Climbing stairs at work or home (how many stairs ____)						
Static Body Positions						
Able to sit comfortably for work, movie, driving, TV (2-3 hrs.)						
Able to stand comfortably for work, housework, errands (2-3 hrs.)						
Able to sleep 5-7+ hours continuously not interrupted by pain						
Self-Care and Care of Family						
Light housework (dishes, cooking small meals, laundry)						
Heavy housework (vacuuming, mopping, sweeping, bed making)						
Personal hygiene (dressing, toileting, bathing)						
Able to take care of infants/toddlers						
Able to take care of school age children						
Able to lift light objects (5-10 lbs)						
Able to lift heavy objects (20+ pounds, including children)						
Bending/stooping (reach lower cabinets, pick up objects off floor)						
Activities of Daily Living						
Able to drive a car						
Able to turn neck to reverse the car						
Ability to concentrate/focus						
Ability to work at job as required						
Able to enjoy social life (worship, visit with friends, eat out, vacation)						
Able to travel short distances to work, grocery, bank (1-2 hours)						
Able to travel for long distances (more than 2 hours)						
Able to read books, newspaper, magazines						
Using Arms/Hands						
Grasping						
Holding small objects (pencil, pen, key)						
Keyboard (computer, video games, calculator, cash register)						
Reaching overhead cabinets						
Reaching behind back (to fasten bra or dry back after bath)						
Pushing (grocery cart, bins, strollers, other)						
Pulling						
Carrying (grocery sacks, laundry baskets, child in car seat)						

Comments:

Patient: Complete the first column at first visit. Therapist: Complete 2nd column at initial evaluation & track progress in last 3 columns.