ALL ABOUT WELLNESS
678.992.1920

Activities of Daily Living Assessment

Rate your current difficulties, resulting from your accident/illness, with regard to the various activities listed below. Use the following 1-5 scale and **WRITE IN THE APPROPRIATE NUMBER** that most closely describes your current degree of difficulty:

1= "I can do it without any difficulty"
2= "I can do it without much difficulty, despite some pain"
3= "I manage to do it by myself, despite marked pain"
4= "I manage to do it, despite the pain, but only if I have help"
5= "I cannot do it at all, because of the pain"

NOTE: Only fill in areas that are affected.

Difficulties with Self Care and Personal Hygiene Activities:
__Bathing __Drying hair __Brushing teeth __Putting on shoes __Taking out trash __Showering __Combing hair
__Making bed __Tying shoe __Eating __Doing laundry __Washing hair __Washing face __Putting on pants
__Cleaning dishes __Going to the bathroom

Difficulties with Physical Activities:
__Standing __Walking __Kneeling __Bending back __Twisting left __Leaning back __Sitting __Stooping
__Reaching __Bending left __Twisting right __Leaning left __Reclining __Squatting __Bending forward
__Bending right __Leaning forward __Leaning right __Standing for long periods __Walking for long periods
__Kneeling for long periods

Difficulties with Functional Activities:
__Carrying small objects __Lifting weights off floor __Pushing things while seated __Exercising upper body
__Carrying large objects __Lifting weights off table __Pushing things while standing __Exercising lower body
__Carrying brief case __Climbing stairs __Pulling things while seated __Exercising arms __Carrying large purse
__Climbing inclines __Pulling things while standing __Exercising legs

Difficulties with Social and Recreational Activities:
__Bowling __Jogging __Swimming __Ice skating __Competitive sports __Dating __Golfing __Dancing __Skiing
__Roller skating __Hobbies __Dining out

Difficulties with Traveling
__Driving a motor vehicle __Riding as a passenger in a motor vehicle __Riding as a passenger on a train
__Driving for long periods of time __Riding as a passenger on an airplane __Riding as a passenger for long periods

Use the following **1-5** scale to describe the difficulties below:
1= “This area is not affected by my condition”
2= “This area is slightly affected by my condition”
3= “My condition moderately restricts my ability in this area”
4= “My condition seriously limits my ability in this area”
5= “My condition prevents me from using this ability”

Difficulties with Different Forms of Communication:
__Concentrating __Hearing __Listening __ Speaking __ Reading __Writing __Typing

Difficulties with the Senses:
__Seeing __Hearing __Touch __Taste __Smell

Difficulties with Hand Function:
__Grasping __Holding __Pinching __Percussive movements __Sensory discrimination

Difficulties with Sleep and Sexual Function:
__Being able to have normal, restful nights sleep __Being able to participate in desired sexual activity

Write below any additional information regarding your Activities of Daily Living. (that wasn’t covered above):
____
____
____.

Prior Symptom History/ Prior Similar Symptoms:
__I have **NOT** had prior symptoms similar to my current complaints.
__My current complaints **DID** exist before, but have not been bothering me
__My current complaints **ALREADY** exist and were worsened.

Has you History Contributed to your Current Symptoms?
__My history **HAS** contributed to my current symptoms.
__My history **HAS NOT** contributed to my current symptoms.
__I’m **NOT SURE** if my history has contributed to my current symptoms.

My most recent prior similar symptoms (if applicable) occurred:
__Months ago
__Years ago
Or on Date:___/___/__

Write below any other Prior Symptom History, not covered above:

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