Gala Davis Family Chiropractic Center, P.C.

Patient Name: _____ Date: _____ Doctor Signature: _____

Activities of Daily Living Assessment

Rate your current difficulties by placing the appropriate number in the box.

If an activity does not cause pain or if pain does not affect an activity, leave box blank.

[1] This activity causes some pain, but it is only a minor annoyance.
[2] This activity causes a significant amount of pain, but I can do it.
[3] I cannot perform this activity due to pain and disability.

Self Care and Personal Hygiene:

[ ] bathing/showering [ ] brushing teeth [ ] putting on shoes [ ] doing laundry
[ ] grooming hair [ ] making the bed [ ] putting on pants [ ] doing dishes
[ ] washing face [ ] putting on shirt [ ] cooking [ ] taking out trash
[ ] going to bathroom or sitting on toilet [ ] other: _____

Physical Activities:

[ ] standing [ ] walking [ ] reaching [ ] bending right [ ] twisting right
[ ] sitting [ ] squatting [ ] bending forward [ ] bending left [ ] twisting left
[ ] reclining [ ] kneeling [ ] bending back [ ] looking left [ ] looking right

Functional Activities:

[ ] carrying small objects [ ] lifting weights off table [ ] pushing/pulling while standing
[ ] carrying large objects [ ] climbing stairs/incline [ ] exercising upper body
[ ] carrying briefcase/purse [ ] lifting object off floor [ ] exercising lower body
[ ] pushing/pulling while seated

Social and Recreational Activities:

[ ] bowling [ ] jogging [ ] swimming [ ] golfing [ ] dancing
[ ] biking [ ] hunting/fishing [ ] competitive sports [ ] gardening
[ ] walking [ ] horse riding
[ ] other: _____

Difficulties with Travel:

[ ] driving in car [ ] driving for long periods of time
[ ] riding as passenger [ ] riding as passenger for long periods of time [ ] other: _____

Other Activities:

Use this scale for the following activities:
[1] This activity is slightly affected by my condition
[2] This activity is moderately affected by my condition
[3] This activity is severely affected by my condition
[4] I cannot perform this activity due to my condition

[ ] concentrating [ ] listening [ ] reading [ ] studying [ ] writing [ ] using computer
[ ] sleeping [ ] sexual relations [ ] other: _____