



Questions Concerning Activities of Daily Living (ADL)

1) How well can you 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 you 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 you walk (you may check more than one box)?

- There is no change from before my injury
- Symptoms prevent me from walking more than 1 mile
- Symptoms prevent me from walking more than 1/2 mile
- Symptoms prevent 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 a wheelchair

4) What is the most strenuous level of activity that you can do for at least 2 minutes?

- Very heavy activity
- Heavy activity
- Moderate activity
- Light activity
- Very light activity
- Extremely light activity

5) How well can you climb one flight of stairs?

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity)
- A lot of difficulty (but you can still perform the activity)
- Cannot climb one flight of stairs

6) How well can you sit for a period of time (even with some pain or discomfort) before you absolutely have to stand, walk or lay down?

- I can sit without any time limitations
- I can only sit between 1 hour to 2 hours at a time
- I can only sit between 30 and 60 minutes at a time
- I can only sit between 15 and 30 minutes at a time
- I can only sit for less than 15 minutes at a time

I cannot sit at all

7) How well can you stand or walk for a period of time (even with some pain or discomfort) before you absolutely have to sit or lay down?

- I can stand/walk without anytime limitations
- I can only stand/walk between 1 hour to 2 hours at a time
- I can only stand/walk between 30 to 60 minutes at a time
- I can only stand/walk between 15 to 30 minutes at a time
- I can only stand/walk for less than 15 minutes at a time
- I can not stand or walk at all

8) How well can you reach and grasp something off a shelf at chest level?

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity)
- A lot of difficulty (but you can still perform the activity)
- Unable (you cannot do this activity)

9) How well can you reach and grasp something off a shelf overhead?

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity)
- A lot of difficulty (but you can still perform the activity)
- Unable (you cannot do this activity)

10) How well can you push or pull (even with some pain or discomfort)?

- I can push or pull very heavy objects
- I can push or pull heavy objects
- I can push or pull light objects
- I can push or pull very light objects
- I can not push or pull anything

11) Do you have any difficulty with gripping, grasping, holding and manipulating objects with your hands?

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity)
- A lot of difficulty (but you can still perform the activity)
- Unable (you cannot do this activity)

12) Do you have any difficulty with repetitive motions such as typing on a computer?

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity)
- A lot of difficulty (but you can still perform the activity)
- Unable (you cannot do this activity)

13) Do you have any difficulty with forceful activities with your arms and hands

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity)
- A lot of difficulty (but you can still perform the activity)
- Unable (you cannot do this activity)

14) Do you have any difficulty with kneeling, bending or squatting?

- No difficulty (and you can easily perform the activity)
- Some difficulty (but you can still perform the activity)
- A lot of difficulty (but you can still perform the activity)
- Unable (you cannot do this activity) ' _

15) Do you have any difficulty with sleeping?

- I have no trouble sleeping because of my injury
- 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)

16) In regards to sexual activity since and because of your injury?

- There has not been a change because of my injury
- It is little less frequent because of my injury
- It is much less frequent because of my injury
- No sexual functioning because of my injury

17) In regards to your 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

18) In regards to you pain most of the time:

- I have no pain most of the time
- My pain is mild most of the time
- My pain is moderate most of the time
- My pain is severe at the moment
- My pain is the worst imaginable most of the time

19) How much does your injury and/or pain interfere with your ability to travel?

- None
- Some or a little of the time
- Most of the time
- All of the time – I can't travel

20) How much does your injury and/or pain interfere with your ability to engage in social activities?

- None
- Some or a little of the time
- Most of the time
- All of the time – I can't engage in social activities

21) How much does your injury and/or pain interfere with your ability to engage in recreational activities?

- None
- Some or a little of the time
- Most of the time
- All of the time – I can't engage in recreational activities

22) How much does your injury and/or pain interfere with your concentrating and thinking?

- None
- Some or a little of the time
- Most of the time
- All of the time – I can't engage in recreational activities

23) How much has your injury and/or pain caused emotional distress with depression or anxiety?

- None
- 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)