Specialized Therapy Services

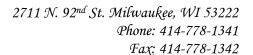


ACTIVITIES OF DAILY LIVING - page 1 of 2

PATIENT NAME:				
	Rate yourself (0-10) using the following	pain scal	e on the activitie	s listed below.
0.	Able to perform task without pain	6.	Difficulty perfor	ming task with m
1.	Able to perform task with minimal pain	7.	Difficulty perfor	ming task with si
	Able to perform task with moderate pain		Difficulty perfor	
	Able to perform task with significant pain		Unable to perfor	
	Able to perform task with severe pain		Restricted from a	
5.	Difficulty performing task with minimal pa	in N A	. Normally do no	t perform task
			Before	Current
			Auto accident	Date
GROOMING & D	RESSING	or Work injury		
Get in and out of the			, ,	
Wash, blow dry, or cu				
	s, shoes, hose, or pants.			
	t on shirt, sweater, or coat.			
	Sı	ıb-total:		
MOBILITY		1	1	
Walk up and down a				
Get in and out of a ca				
Ride in a car for 20 m		.h. +a+=1.		
HOMEMAKING	St	ıb-total:		
Reach for items out of	the top cupboard.			
Reach for items in the				
	clean or scrub floors, walls or bathroom.			<u> </u>
Use the vacuum clean				
Folding or ironing clot				
Carry the laundry bask				
Get the clothes out of	· ·			
ERRANDS	Su	ıb-total:		
Carry the grocery or s	shopping bags.			
Stand in line at the ba				
	ry store or shopping mall (20 minutes or mo	re)		
		ıb-total:		
CHILD CARE (if a	•			
	or child. (My child weighs pound	s)		
Lift your child in and	out of the car.			
AUTOMOBILE	Su	ıb-total:		
	on the car (includes oil changes/tune ups)			
Wash and vacuum the				
· · · · · · · · · · · · · · · · · · ·		ıb-total:	<u> </u>	
RECREATION/LE				
	ou used to. (Activities include)		
Exercise for fun.	·			

Sub-total:

GRAND TOTAL:





Specialized Therapy Services

Patient Name: ___

ACTIVITIES OF DAILY LIVING - Page 2 of 2

TOLERANCE CHART

Place an "X" in the box that best describes the amount of time you can perform each activity before pain either limits the

activity or causes you to modify that activity.

Date.													
	Avoid	0-15	30	45	1	2	3	4	5	6	7	8 + hrs / no	Pain
	activity	min	min	min	hr	hrs	hrs	hrs	hrs	hrs	hrs	limitations	Location
ability to sit	1					-							
ability to star											1		
ability to wal													
ability to slee	ер					1						1	
PAIN LEVEL CHART For your initial evaluation reflect on your pain for the past 30 days. For your re-evaluation reflect on your pain for the past 24 hours. The pain scale is 0-10 with $0 = no$ pain and $10 = the$ worst pain.													
		Desc	criptic	m					Inten	sitv:	0-10		Frequency
	(tight, sore, sharp, stabbing, shooting,						Intensity: 0-10 (none) 0 - 10 (severe)						D (Daily)
	tingly, num					_		Woi				est	O (Occasional)
	tingry, nun	io, tena	ici, aci	10, 1111	00011	15)		11 01					R (Rare)
Iead													
Veck													
Chest													
Aid Back													
umbar													
Froin													
Buttocks													
rms													
Right													
eft													
Legs													
Right													
eft													
-							I.						
ADDITIONAL COMMENTS:													