

Questions Concerning Activities of Daily Living (ADL)

Name: _____

Date: _____

Please complete carefully.

1. How well can you perform personal self care activities including washing, dressing, using the bathroom, etc.?

- I can look after myself normally without having extra discomfort.
- I can look after myself normally by have extra discomfort.
- Self care activities are uncomfortable and done slowly.
- I manage most of my personal self care with some help.
- I need a lot of help in most aspects of my self care.
- I cannot perform self care activities (unable to bathe, dress, or eat independently)

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 weight objects
- I can only lift very light objects.
- I cannot lift or carry anything at all.

3. How well can you walk?

- There has been no change in my ability to walk after the injury.
- The discomfort or weakness prevents me from walking more than 1 mile.
- The discomfort or weakness prevents me from walking more than 1/2 mile.
- The discomfort or weakness prevents me from walking more than 1/4 mile.
- I walk only short distances
- I use a cane, crutches or walker
- I am limited to using 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 to no activity

5. How well can you climb a flight of stairs?

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

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

- I can sit without any time limitations
- I can sit between 1-2 hours at a time
- I can sit between 30-60 minutes at a time
- I can sit between 15-30 minutes at a time
- I can 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 and discomfort) before you absolutely have to sit or lay down?

- I can stand or walk without any time limitations
- I can stand or walk between 1-2 hours at a time
- I can stand or walk between 30-60 minutes at a time
- I can stand or walk between 15-30 minutes at a time
- I can stand or walk for less than 15 minutes at a time
- I cannot 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 well enough)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity without help)

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 well enough)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity without help)

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 cannot 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 do the activity)
- Unable (you cannot do this activity without help)

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 do the activity)
- Unable (you cannot do this activity without help)

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 well enough)
- A lot of difficulty (but you can still do the activity)
- Unable (you cannot do this activity without help)

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 do the activity)
- Unable (you cannot do this activity without help)

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) because of my injury
- My sleep is mildly disturbed (1-2 hours sleepless) because of my injury
- My sleep is moderately disturbed (2-3 hours sleepless) because of my injury
- My sleep is greatly disturbed (3-5 hours sleepless) because of my injury
- My sleep is completely disturbed (5-7 hours sleepless) because of my injury

16. In regards to sexual changes since and because of your injury:-

- There has been no change because of my injury
- There has been a slight change because of my injury
- There has been a moderate change because of my injury
- There has been a major change 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 your pain most of the moment?

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

19. How much do 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 do daily chores (laundry, housekeeping, shopping, and cooking)?

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

21. How much do 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

22. How much do your injury and/or pain interfere with your ability to engage in recreational activities or travel?

- None
- Some or a little of the time
- A lot or most of the time
- All of the time – I can't engage in recreational activities or travel

22. How much do your injury and/or pain interfere with concentrating or thinking?

- None
- Some or a little of the time
- A lot or most of the time
- All of the time – I can't concentrate or think very clearly

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)
- Most of the time (moderate depression or anxiety)
- All of the time (severe depression or anxiety)

25. Which of the following statements are true for you?

- There is probably some surgery that could make me better
- I believe there is little hope for me now and I would rather be left alone
- I believe it is possible to be more active, take less medicine and better manage my pain

26. Has there been any change in your ability to communicate since or because of the injury?

	No change	Mild change	Moderate change	Severe change
Writing				
Typing				
Seeing				
Hearing				
Speaking				

27. Regarding your ability to work:-

- I can work as much as I want
- I can only do my usual work, and no more
- I can do most of my usual work, but no more
- I cannot do my usual work
- I can hardly do any work at all
- I cannot do any work at all

28. Check all the following statements that are true:-

- I am afraid that if I exercise I will hurt myself
- My body is telling me I have something dangerously wrong
- My injury has put my body at risk for the rest of my life
- Pain always means I have injured my body
- Resting is the best thing I can do to prevent more pain and injury
- I can't do much because it is too easy for me to get injured
- No one should have to exercise when he/she is in pain

Specific Work & Functional Capacity Activity Estimate by Patient (at present time)

Functional Activities (Hours per Day)	0 hour	<1 hour	1-2 hours	2-4 hours	4-6 hours	6-8 hours
Repetitive neck motions						
Bending / Twisting (waist)						
Kneeling						
Standing						
Climbing stairs						
Walking over uneven ground						
Repetitive use of upper extremity (left)						
Grasping/Gripping (left hand)						
Forceful use of upper extremity (left)						
Fine Manipulation (left hand)						
Pushing & Pulling (left)						
Reaching (at shoulder level - left)						
Reaching (above shoulder level - left)						
Static neck posturing						
Squatting						
Sitting						
Walking						
Climbing ladders						
Repetitive use of upper extremity (right)						
Grasping/Gripping (right hand)						
Forceful use of upper extremity (right)						
Fine Manipulation (right hand)						
Pushing & Pulling (right)						
Reaching (at shoulder level - right)						
Reaching (above shoulder level - right)						
Lifting/ Carrying (in pounds)						

Epworth Sleepiness Scale

Name: _____

Date: _____

Your age: _____(Yr)

Your sex: _____(Male Female)

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired?

This refers to your usual way of life in recent times. Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation:-

0 = would never doze

1 = Slight chance of dozing

2 = Moderate chance of dozing

3 = High chance of dozing

Situation

Chance of dozing

Sitting and reading	<input type="text"/>
Watching TV	<input type="text"/>
Sitting, inactive in a public place (e.g. a theatre or a meeting)	<input type="text"/>
As a passenger in a car for an hour without a break	<input type="text"/>
Lying down to rest in the afternoon when circumstances permit	<input type="text"/>
Sitting and talking to someone	<input type="text"/>
Sitting quietly after a lunch without alcohol	<input type="text"/>
In a car, while stopped for a few minutes in the traffic	<input type="text"/>
Total	<input type="text"/>

Score:

0-10 Normal range

10-12 Borderline

12-24 Abnormal