

NORMAL ACTIVITIES OF DAILY LIVING AND HOUSEKEEPING CAPACITY

Name: _____ Date _____
 completed _____

This form relates to the time period of: _____

My residence is approximately _____ square feet, and is a (check one):

house
 condominium
 apartment
 townhouse
 Other _____

Please indicate with a check mark on each line below if you have inability or difficulty doing that activity because of a physical, psychological or cognitive disability resulting from your injury.

If your function changes depending on the day or on the changing severity of your symptoms, draw a line across a number of boxes.

If you have any comments you wish to make about any item, please write the number of the item and then your comments at the end or on the back of this form.

Do you currently receive assistance from a caregiver to assist you with activities of Daily Living? Yes or No
 If so, did you require this assistance prior to your accident? Yes or No

		Unable to perform activity	Substantial inability	Moderate inability	Minor inability	No difficulty or inability	Takes me longer than before	Does not apply to me
	Personal Care							
1.	Bathing – getting into or out of tub or shower							
2.	Grooming, combing and shampooing hair							
3.	Shaving face or legs							
4.	Dressing/Undressing							
5.	Toileting							
6.	Doing up buttons							
7.	Tying or lacing shoes							
8.	Putting on shoes or socks							
9.								
	Mobility							
10.	Walking between rooms							
11.	Walking 1 block							
12.	Walking 5 blocks							

		Unable to perform activity	Substantial inability	Moderate inability	Minor inability	No difficulty or inability	Takes me longer than before	Does not apply to me
13.	Walking 10 blocks							
14.	Going up or down 14 stairs (about 1 flight of stairs)							
15.	Climbing a ladder							
16.	Driving a car							
17.	Riding in car							
18.	Riding in a car for 2 hours or more							
19.	Getting into or out of a car							
20.	Using public transportation							
21.	Sitting							
22.	Sitting for 1 hour							
23.	Standing							
24.	Standing for 1 hour							
25.	Opening/closing doors							
26.	Squatting							
27.	Running on even ground							
28.	Running on uneven ground							
29.	Making sharp turns while running fast							
30.	Hopping							
31.	Rolling over in bed							
32.	Bending over to pick up an object from the floor							
33.	Kneeling							
34.	Carrying 4 kg (2 two litre cartons of milk)							
35.	Lifting 4 kg (2 two litre cartons of milk)							
36.	Carrying 10 kg (5 two litre cartons of milk)							
37.	Lifting 10 kg (5 two litre cartons of milk)							
38.	Walking on an uneven/soft/ slippery surface (gravel, ice, etc.)							
39.	Crossing a crosswalk (time restrictions)							
40.	Walking in different directions (e.g. sideways in a contained space)							
41.	Walking on slopes/ramps							

		Unable to perform activity	Substantial inability	Moderate inability	Minor inability	No difficulty or inability	Takes me longer than before	Does not apply to me
42.	Riding an escalator							
43.	Stepping over objects							
44.	Walking in dark							
45.	Getting up from floor (e.g. after falling or housecleaning)							
46.								
	Shopping							
47.	Reaching for groceries							
48.	Walking and carrying groceries in store							
49.	Pushing a grocery cart							
50.	Lifting a bag of groceries to waist level							
51.	Lifting a bag of groceries above your head							
52.	Carrying 2 bags of groceries from car to house							
53.								
	Meals/Kitchen							
54.	Washing dishes							
55.	Opening a jar							
56.	Standing to prepare a meal							
57.	Cutting/slicing foods							
58.	Peeling foods							
59.	Stirring/mixing foods							
60.	Turning knobs of appliances							
61.	Reaching dishes from cupboard – high and low							
62.	Loading/unloading the dishwasher							
63.	Eating or chewing gum, an apple or a steak							
64.	Opening your jaw fully							
65.	Talking							
66.								
	Cleaning							

		Unable to perform activity	Substantial inability	Moderate inability	Minor inability	No difficulty or inability	Takes me longer than before	Does not apply to me
67.	Sweeping							
68.	Dusting							
69.	Vacuuming one floor of your residence							
70.	Making your bed							
71.	Washing floors							
72.	Cleaning oven							
73.	Cleaning refrigerator							
74.	Carrying garbage to the curb							
75.	Cleaning the bathtub							
76.	Cleaning the bathroom							
77.	Washing windows							
78.	Washing walls							
79.	Changing bed linens							
80.								
	Laundry							
81.	Putting clothes into or out of the washer and dryer							
82.	Ironing clothes							
83.	Folding clothes							
84.	Carrying laundry up/down stairs							
85.	Reaching for laundry							
86.	Putting laundry in a basket							
87.	Sewing clothes or buttons							
88.								
	Home Maintenance Activities/Tools							
89.	Cutting grass with a lawn mower							
90.	Raking the lawn							
91.	Gardening							
92.	Pushing a wheelbarrow							
93.	Snow shoveling							
94.	Building a fence or deck							

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95.	Cleaning gutters							
96.	Using a screwdriver							
97.	Hammer nails							
98.	Painting a room or a fence							
99.	Using scissors							
100.	Using pliers							
101.	Using an electric drill/sander/ saw							
102.								
103.								
	Recreation							
104.	Throwing a baseball overhand/underhand							
105.	Your usual hobbies, recreational or sporting activities (Provide details below)							

106.	Swimming							
107.	Bicycling for 1 hour							
108.	Hiking for 4 hours							
109.	Crocheting or knitting for 30 minutes							
110.	Using a pen to write a letter							
111.	Holding a book to read for 30 minutes							
112.								
113.								
	Education							
114.	Studying for 1 hour or more							
115.	Sitting in a classroom for 1 hour or more							
116.	Typing							
117.	Using a computer							
118.	Getting to and from class							
119.								

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	Other Activities							
120.	Pushing up on your hands (e.g. from bathtub or chair)							
121.	Sleeping							
122.	Carrying a suitcase with your affected limb							
123.	Any of your usual work, housework or school activities (provide details below)							

124.	Performing light activities around your home							
125.	Performing heavy activities around your home							
126.	Holding a baby							
127.	Feeding a baby							
128.	Dressing a child							
129.	Scraping ice off the car windshield							
130.	Washing a car by hand							
131.	Performing car maintenance or repairs							
132.	Sex							
133.								
134.								
135.								
	Household finances and management							
136.	Bookkeeping							
137.	Organization of home							
138.	Concentration/focus on task(s)							
139.								
140.								
141.								

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	Employment							
142.	Perform your pre-accident job							
143.								
144.								
145.								

Comments (use back of page if required):

During the time period covered by this form, I estimate that about _____ hours per week of my household chores and yard work did not get done because of my injuries.