



LAWYERS
Catastrophic Injury and Wrongful Death Claims™

Normal Activities of Daily Living and Housekeeping Capacity

INSTRUCTIONS:

1. On each line below, please indicate with a check mark if you have inability or difficulty doing that activity because of a physical, psychological or cognitive disability resulting from your injury.
2. If you can do something some days but not on others, check more than one box that applies.
3. If there are additional tasks or activities that are not listed, please add them in the numbered spaces for that section.
4. If you have any comments you wish to make about any item, please write the number of the item and then your comment(s) at the end of each section.

Name:	Date Completed:
This form relates to the time period of: _____, 20____ to _____, 20____ (Example: January, 2017 to August, 2017)	
My residence is a: <input type="checkbox"/> House/Townhouse <input type="checkbox"/> Condominium <input type="checkbox"/> Apartment	
My resident is approximately: _____ square feet and has _____ floor/levels.	
Do you currently receive assistance from a caregiver or house keeper? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, did you require this assistance prior to your accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.	

		Does not apply to me	No difficulty or disability (0%)	Minor disability (1 – 25%) or it takes me longer than before	Moderate disability (26 – 50%)	Substantial disability (51 – 99%)	Unable to perform activity (100%)
	Personal Care						
1.	Bathing – getting into or out of tub or shower						
2.	Grooming, combing and shampooing hair						
3.	Shaving face, legs or underarms						
4.	Dressing/Undressing						
5.	Toileting						
6.	Doing up buttons						
7.	Tying or lacing shoes						
8.	Putting on shoes or socks						
9.	Wearing high heels						

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10.							
11.							
	NOTES						
	Mobility						
12.	Walking between rooms						
13.	Walking 1 block						
14.	Walking 5 blocks						
15.	Walking 10 blocks						
16.	Going up or down 14 stairs (about 1 flight of stairs)						
17.	Climbing a ladder						
18.	Driving a car						
19.	Riding in car						
20.	Riding in a car for 2 hours or more						
21.	Getting into or out of a car						
22.	Using public transportation						
23.	Sitting						
24.	Sitting for 1 hour						
25.	Standing						
26.	Standing for 1 hour						
27.	Opening/closing doors						
28.	Squatting						
29.	Rolling over in bed						
30.	Bending over to pick up an object from the floor						
31.	Kneeling						
32.	Carrying 4 kg (2 – 2 litre cartons of milk)						
33.	Lifting 4 kg (2 – 2 litre cartons of milk)						
34.	Carrying 10 kg (5 – 2 litre cartons of milk)						

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35.	Lifting 10 kg (5 – 2 litre cartons of milk)						
36.	Walking on an uneven/soft/slippery surface (gravel, ice, etc.)						
37.	Crossing a crosswalk (time restrictions)						
38.	Walking in different directions (e.g. sideways in a contained space)						
39.	Walking on slopes/ramps						
40.	Riding an escalator						
41.	Stepping over objects						
42.	Walking in the dark						
43.	Getting up from the floor (e.g. after falling or housecleaning)						
44.							
45.							
46.							
	NOTES						
	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.							
54.							
55.							
56.							
	NOTES						

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	Meals/Kitchen						
57.	Washing dishes						
58.	Opening a jar						
59.	Standing to prepare a meal						
60.	Cutting/slicing foods						
61.	Peeling foods						
62.	Stirring/mixing foods						
63.	Turning knobs of appliances						
64.	Reaching dishes from cupboard – high and low						
65.	Loading/unloading the dishwasher						
66.	Eating or chewing gum, an apple or a steak						
67.	Opening your jaw fully						
68.	Talking						
69.							
70.							
71.							
	NOTES						
	Cleaning						
72.	Sweeping						
73.	Dusting						
74.	Vacuuming one floor of your residence						
75.	Making your bed						
76.	Washing floors						

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77.	Cleaning the oven						
78.	Cleaning refrigerator						
79.	Carrying garbage to the curb						
80.	Cleaning the bathtub						
81.	Cleaning the bathroom						
82.	Washing windows						
83.	Washing walls						
84.	Changing bed linens						
85.							
86.							
	NOTES						
	Laundry						
87.	Putting clothes into or taking them out of the washer and dryer						
88.	Ironing clothes						
89.	Folding clothes						
90.	Carrying laundry up/down stairs						
91.	Reaching for laundry						
92.	Putting laundry in a basket						
93.	Repairing clothes or buttons						
94.							
95.							
96.							
	NOTES						

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	Home Maintenance Activities/Tools						
97.	Cutting grass with a lawn mower						
98.	Raking the lawn						
99.	Gardening						
100.	Pushing a wheelbarrow						
101.	Snow shoveling						
102.	Building a fence or deck						
103.	Cleaning gutters						
104.	Using a screwdriver						
105.	Hammering nails						
106.	Painting a room or a fence						
107.	Using scissors						
108.	Using pliers						
109.	Using an electric drill/sander/ saw						
110.							
111.							
	NOTES						
	Recreation						
112.	Throwing a baseball overhand/underhand						
113.	Running on even ground						
114.	Running on uneven ground						
115.	Making sharp turns while running fast						
116.	Hopping						
117.	Your usual hobbies, recreational or sporting activities (Provide details below)						
118.	Swimming						
119.	Bicycling for 1 hour						

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120.	Hiking for 4 hours						
121.	Crocheting or knitting for 30 minutes						
122.	Using a pen to write a letter						
123.	Holding a book to read for 30 minutes						
124.	Playing with children/grandchildren						
125.	Playing with Pets						
126.							
127.							
128.							
	NOTES						
	Education						
129.	Studying for 1 hour or more						
130.	Sitting in a classroom for 1 hour or more						
131.	Typing						
132.	Using a computer						
133.	Getting to and from class						
134.	Concentrating/focusing on task(s)						
135.							
136.							
137.							
138.							
	NOTES						

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	Other Activities						
139.	Pushing up on your hands (e.g. from bathtub or chair)						
140.	Sleeping						
141.	Carrying a suitcase with your affected limb						
142.	Performing any of your usual work, housework or school activities (Provide details below)						
143.	Performing light activities around your home						
144.	Performing heavy activities around your home						
145.	Holding a baby						
146.	Feeding a baby						
147.	Dressing a child						
148.	Scraping ice off the car windshield						
149.	Washing a car by hand						
150.	Performing car maintenance or repairs						
151.	Sex						
152.							
153.							
	NOTES						
	Household Finances and Management						
154.	Bookkeeping and desk/computer work						
155.	Organization of home						
156.	Concentration/focus on task(s)						
157.							
158.							
159.							
	NOTES						

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	Employment						
160.	Performing your pre-accident job						
161.							
162.							
163.							
164.							
	NOTES						

Comments (Use back of page if required.)
