

### **Activities of Daily Living**

Instructions: Within each section, please indicate how your current symptoms are affecting your daily living by selecting one of the options.

#### **Self Care / Hygiene**

- ( ) I can provide for myself on most of my personal care
- ( ) I can provide for myself, but it creates extra pain
- ( ) I can provide for myself, I am slow, careful and it is painful
- ( ) I manage most of my personal care, but it requires some help
- ( ) In most accommodations of my daily care, I require extra help
- ( ) It is too difficult to care for myself, I stay in bed & don't perform these tasks

#### **Communication**

- ( ) I can communicate in a normal fashion
- ( ) I can communicate, but it causes some pain
- ( ) My communication abilities are normal, but always painful
- ( ) My communication abilities are restricted by pain
- ( ) Pain seriously limits my communication except for emergencies
- ( ) Pain prevents communication abilities completely

#### **Normal Living / Sitting**

- ( ) I am able to assume a sitting position for an indefinite period of time without pain
- ( ) I can sit down for an indefinite period of time, but it causes some pain
- ( ) I am restricted to one hour of sitting due to pain
- ( ) Due to pain, I am only able to sit for 30 minutes
- ( ) Pain restricts sitting for longer than 10 minutes
- ( ) I am unable to sit due to pain

### **Normal Living / Standing**

- ( ) I am able to stand as long as I like without pain
- ( ) I am able to stand for an indefinite period of time, but it causes pain
- ( ) I am restricted to one hour of standing due to pain
- ( ) Due to pain, I am only able to stand for 30 minutes
- ( ) Pain restricts standing for longer than 10 minutes
- ( ) I am unable to stand due to pain

### **Normal Living / Lifting**

- ( ) I am able to lift heavy objects without pain
- ( ) I am able to lift heavy objects, but it causes some pain
- ( ) I am unable to lift heavy objects off the floor. However, I can manage if they are at table height.
- ( ) Due to pain, I am not able to lift heavy objects. However, light to medium weight objects are manageable.
- ( ) Pain restricts lifting to only very lightweight objects
- ( ) I am unable to lift any objects of any weight at all

### **Ambulation**

- ( ) I am able to walk any distance without pain restrictions
- ( ) I am limited to walk one mile due to pain restrictions
- ( ) I am limited to a half mile of walking due to pain
- ( ) Due to pain, I am restricted to walking less than a quarter of mile
- ( ) I require the use of crutches or a cane to assist me with walking
- ( ) I remain in bed most of the time due to pain

### **Travel**

- ( ) I am able to travel with pain restrictions
- ( ) I am able to travel almost anywhere, but it causes pain
- ( ) I can manage 2 hours of travel, but pain is present and severe
- ( ) Due to pain, I am limited to less than an hour of travel time
- ( ) Only short, urgent trips are possible due to pain limitations
- ( ) I am restricted to traveling short distances only in case of emergency (hospital, doctor visit)

### **Non Specialized Hand Activities**

- ( ) I can grasp in a normal fashion
- ( ) I can utilize grip and tactile discrimination, but there is some pain
- ( ) My grasp & grip capabilities are normal, but always painful
- ( ) Grasping, grip strength and tactile sensations are restricted by pain
- ( ) Extreme limitations on grip strength, grasping and tactile discrimination
- ( ) Pain prevents grip, grasping and tactile discrimination completely

### **Sexual Function**

- ( ) I am able to engage in normal sexual activities without pain
- ( ) I am able to participate sexually, but it creates some pain
- ( ) I engage normally in sexual activities, but it is very painful
- ( ) I am restricted in sexual activities due to pain
- ( ) Pain has created a near absent sex life
- ( ) Due to pain, I abstain from any sexual activities

### **Sleep**

- ( ) I sleep well in a normal fashion
- ( ) I sleep well at night, as long as I use sleeping pills
- ( ) I fail to accomplish more than 6 hours of sleep
- ( ) I fail to accomplish more than 4 hours of sleep
- ( ) I fail to accomplish more than 2 hours of sleep
- ( ) Pain prevents sleep

### **Social & Recreational Activities**

- ( ) I am enjoying a normal, active social life without pain restrictions
- ( ) Pain affects only the more energetic activities of my social life
- ( ) I participate in a normal social, but pain is increased during most activities
- ( ) Pain restricts all of my social activities; therefore, I do not go as often
- ( ) I am restricted to social activities at home due to pain
- ( ) Due to pain, I do not participate in any social activities

### **The Effects of Medication**

- ( ) I am able to tolerate pain; therefore, I do not use any pain medication
- ( ) I use pain medication and experience complete relief
- ( ) I use pain medication and experience moderate relief
- ( ) Pain medication offers only very little relief from pain
- ( ) Pain medication fails to offer relief; therefore, I no longer take them

### **Pain Intensity**

- ( ) My pain is minimal and tolerated. It is annoying, but doesn't limit my physical performance
- ( ) Pain is slight and tolerated; it causes some limitations on physical performance
- ( ) I experience moderate pain that causes a significant limitation on my physical performance
- ( ) I experience severe pain which reduces my capability to perform any activity

### **Pain Frequency**

- ( ) I have intermittent symptoms occurring less than 25% of my wake time
- ( ) I experience occasional symptoms between 25% - 50% of my wake time
- ( ) Pain is frequent and occurs between 50% and 75% of my wake time
- ( ) I have constant pain