



**ACTIVITIES LIST**

CLIENT NAME:

DATE:

ACTIVITY	DID YOU DO THIS ACTIVITY BEFORE THIS INCIDENT?	CAN YOU NOW DO THIS ACTIVITY:			COMMENTS
		WITHOUT DIFFICULTY	WITH PAIN	NOT AT ALL	
SELF CARE AND WELL BEING Toilet hygiene					
Bathe/wash self					
Taking care of hair					
Taking care of hands/feet (e.g. cut nails)					
Dress self (note clothing or footwear restrictions)					
Sleep adequately					
Feel things (especially hot and cold)					
The ability to make a three point pinch					
The ability to grasp					
Manage money, do banking, pay bills, etc.					
Obtain comparable grades in school					
MOBILITY AND TRAVEL Walking					

Running					
Moving on rough or uneven terrain					
Using stairs					
Driving a car					
Riding in a car					
Using public transportation (bus, plane, train)					
SEXUAL Capable of sexual intercourse					
DOMESTIC DUTIES Cooking					
Dusting					
Dish washing					
Bed making					
Window washing					
Light shopping					
Major shopping					
Moving furniture					
Light maintenance (small repair jobs)					

Heavy maintenance (e.g., roofing)					
Vacuuming					
Power tools					
Power mower					
Snow blower					
Maintain lawn and garden					
Shovel snow					
Maintain car					
Decorating (painting, paper hanging)					
Care for young children					
WORK					
Full-time with overtime					
Full-time (number of hours)					
Part-time (number of hours)					
Casual work only (number of hours)					
Lifting					

Bending					
Standing					
Walking					
Squatting					
Twisting					
Climbing					
Sitting					
Extending arms					
Arms over head					
Fine hand manipulation					
Neck extension					
RECREATIONAL Pursue hobbies					
Participate in sports (type, level)					
Spectator sports					
Movies					
Dining out Concerts					

