

# Activities of Daily Living (ADL) Assessment

Patient Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Check the boxes for each of the activities you have difficulty performing and/or can only perform with pain. There is no particular priority in the order presented. Please leave it blank if there is no difficulty.

- Key: 1 = Activity causes some pain, but it is a minor annoyance  
2 = Activity causes significant pain, but I can do it  
3 = I cannot perform this activity due to pain and disability

## Personal/Grooming:

- Bathing \_\_\_\_\_
- Making bed \_\_\_\_\_
- Cooking \_\_\_\_\_
- Brushing teeth \_\_\_\_\_
- Putting on shoes \_\_\_\_\_
- Putting on pants \_\_\_\_\_
- Taking out trash \_\_\_\_\_
- Doing laundry \_\_\_\_\_
- Washing face \_\_\_\_\_
- Going to bathroom or sitting on toilet \_\_\_\_\_
- Combing hair \_\_\_\_\_
- Putting on shirt \_\_\_\_\_

## General Activities:

- Standing \_\_\_\_\_
- Sitting \_\_\_\_\_
- Reclining \_\_\_\_\_
- Walking \_\_\_\_\_
- Reaching \_\_\_\_\_
- Bending right \_\_\_\_\_
- Squatting \_\_\_\_\_
- Bending left \_\_\_\_\_
- Bending back \_\_\_\_\_
- Kneeling \_\_\_\_\_
- Looking right \_\_\_\_\_
- Twisting right \_\_\_\_\_
- Looking left \_\_\_\_\_
- Twisting left \_\_\_\_\_
- Looking right \_\_\_\_\_

## Functional Activities:

- Carrying small objects \_\_\_\_\_
- Exercising upper body \_\_\_\_\_
- Lifting weight off table \_\_\_\_\_
- Push/pull standing \_\_\_\_\_
- Carrying large objects \_\_\_\_\_
- Climbing stairs \_\_\_\_\_
- Exercising lower body \_\_\_\_\_
- Carrying purse/case \_\_\_\_\_
- Lifting objects of floor \_\_\_\_\_
- Push/pull seated \_\_\_\_\_

## Sports/Recreational Activities:

- Jogging \_\_\_\_\_
- Bowling \_\_\_\_\_
- Soccer \_\_\_\_\_
- Biking \_\_\_\_\_
- Hunting \_\_\_\_\_
- Hockey \_\_\_\_\_
- Swimming \_\_\_\_\_
- Fishing \_\_\_\_\_
- Competitive Sports \_\_\_\_\_
- Dancing \_\_\_\_\_
- Gardening \_\_\_\_\_
- Golfing \_\_\_\_\_
- Basketball \_\_\_\_\_

## Travel:

- Driving \_\_\_\_\_
- Riding as passenger \_\_\_\_\_
- Riding as passenger for long periods of time \_\_\_\_\_
- Getting in/out of car \_\_\_\_\_
- Driving long periods of time \_\_\_\_\_

## Other:

- Concentrating \_\_\_\_\_
- Computer use \_\_\_\_\_
- Studying \_\_\_\_\_
- Sleeping \_\_\_\_\_
- Listening \_\_\_\_\_
- Reading \_\_\_\_\_
- Writing \_\_\_\_\_