# 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 ___ ❑ Brushing teeth ___ ❑ Putting on shoes ___ ❑ Doing laundry ___ ❑ Combing hair ___
❑ Making bed ___ ❑ Putting on pants ___ ❑ Doing dishes ___ ❑ Washing face ___ ❑ Putting on shirt ___
❑ Cooking ___ ❑ Taking out trash ___ ❑ Going to bathroom or sitting on toilet ___

**General Activities**:

❑ Standing ___ ❑ Walking ___ ❑ Reaching ___ ❑ Bending right ___ ❑ Twisting right ___
❑ Sitting ___ ❑ Squatting ___ ❑ Bending ___ ❑ Bending left ___ ❑ Twisting left ___
❑ Reclining ___ ❑ Bending back ___ ❑ Kneeling ___ ❑ Looking left ___ ❑ Looking right ___

**Functional Activities**:

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

**Sports/Recreational Activities**:

❑ Jogging ___ ❑ Biking ___ ❑ Swimming ___ ❑ Dancing ___ ❑ Golfing ___
❑ Bowling ___ ❑ Hunting ___ ❑ Fishing ___ ❑ Gardening ___ ❑ Basketball ___
❑ Soccer ___ ❑ Hockey ___ ❑ Competitive Sports ___

**Travel**:

❑ Driving ___ ❑ Riding as passenger ___ ❑ Getting in/out of car ___ ❑ Driving long periods of time ___
❑ Riding as passenger for long periods of time __

**Other**:

❑ Concentrating ___ ❑ Studying ___ ❑ Listening ___ ❑ Reading ___ ❑ Writing ___
❑ Computer use ___ ❑ Sleeping ___