



Daily Activity Questionnaire

Patient Name _____ Date _____

Please check the one best response for each activity described below:

<p>SEDENTARY BEHAVIOR</p> <p>Sitting while watching TV, at a computer, driving, talking on the phone, or reading</p>	<p><input type="checkbox"/> 1 Most of the day</p> <p><input type="checkbox"/> 2 Half of the day</p> <p><input type="checkbox"/> 3 Some of the day</p> <p><input type="checkbox"/> 4 Rarely</p> <p style="text-align: right;">Total _____</p>
<p>ACTIVITIES OF DAILY LIVING</p> <p>Bathing, dressing, feeding self, toilet</p>	<p><input type="checkbox"/> 1 Need some assistance</p> <p><input type="checkbox"/> 2 Slight difficulty</p> <p><input type="checkbox"/> 3 Minimal difficulty</p> <p><input type="checkbox"/> 4 No problem</p> <p style="text-align: right;">Total _____</p>
<p>LAUNDRY</p>	<p><input type="checkbox"/> 1 Unable</p> <p><input type="checkbox"/> 2 Occasionally</p> <p><input type="checkbox"/> 3 Regularly in small steps or with help</p> <p><input type="checkbox"/> 4 Regularly without help</p> <p style="text-align: right;">Total _____</p>
<p>COOKING</p>	<p><input type="checkbox"/> 1 Unable</p> <p><input type="checkbox"/> 2 Take-out, breakfast, or simple lunch only</p> <p><input type="checkbox"/> 3 Simple microwave or crockpot meal</p> <p><input type="checkbox"/> 4 Regular meals</p> <p style="text-align: right;">Total _____</p>
<p>HOUSEKEEPING</p>	<p><input type="checkbox"/> 1 Unable</p> <p><input type="checkbox"/> 2 Light dusting, straighten up</p> <p><input type="checkbox"/> 3 Regular housekeeping in small steps or with help</p> <p><input type="checkbox"/> 4 Fully capable</p> <p style="text-align: right;">Total _____</p>
<p>GROCERY SHOPPING</p>	<p><input type="checkbox"/> 1 Unable</p> <p><input type="checkbox"/> 2 Occasional (once or twice per month)</p> <p><input type="checkbox"/> 3 Frequent, but with assistance</p> <p><input type="checkbox"/> 4 No problem</p> <p style="text-align: right;">Total _____</p>
<p>SOCIAL ACTIVITIES</p> <p>Church, temple, family and friends</p>	<p><input type="checkbox"/> 1 Unable</p> <p><input type="checkbox"/> 2 Infrequently</p> <p><input type="checkbox"/> 3 Occasionally (once or twice per month)</p> <p><input type="checkbox"/> 4 Frequently (weekly or more often)</p> <p style="text-align: right;">Total _____</p>
<p>DRIVING</p>	<p><input type="checkbox"/> 1 Unable</p> <p><input type="checkbox"/> 2 Very limited</p> <p><input type="checkbox"/> 3 Cautious, local trips</p> <p><input type="checkbox"/> 4 Distant trips or traffic</p> <p style="text-align: right;">Total _____</p>
<p>ERRANDS OR LIGHT CHORES</p> <p>Post office, drop off a child</p>	<p><input type="checkbox"/> 1 None</p> <p><input type="checkbox"/> 2 0-1 per day</p> <p><input type="checkbox"/> 3 2-3 per day</p> <p><input type="checkbox"/> 4 No or few restrictions</p> <p style="text-align: right;">Total _____</p>
Grand Total _____	