

**Activities that are affected by my current health problems**

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

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

- 0 = No affect
- 1 = I am aware of my problem when I do this activity (Mild)
- 2 = I don't want to do this activity because of my problem (Moderate)
- 3 = I can't do this activity at all. (Severe)

**Basic**

- \_\_\_\_\_ Bending
- \_\_\_\_\_ Climbing Stairs
- \_\_\_\_\_ Falling Asleep
- \_\_\_\_\_ Kneeling
- \_\_\_\_\_ Lifting
- \_\_\_\_\_ Looking Over Shoulder
- \_\_\_\_\_ Lying Down
- \_\_\_\_\_ Rising Out of Chair
- \_\_\_\_\_ Sitting
- \_\_\_\_\_ Standing
- \_\_\_\_\_ Staying Asleep
- \_\_\_\_\_ Walking

**Daily Living**

- \_\_\_\_\_ Caring for Infirm Family Member
- \_\_\_\_\_ Child Care
- \_\_\_\_\_ Computer Use (extended time)
- \_\_\_\_\_ Computer Use (short time)
- \_\_\_\_\_ Concentrating
- \_\_\_\_\_ Driving
- \_\_\_\_\_ Housework
- \_\_\_\_\_ Lifting Children
- \_\_\_\_\_ Lifting/Carrying Groceries
- \_\_\_\_\_ Pet Care
- \_\_\_\_\_ Reading

**Sexual Activity**

- \_\_\_\_\_
- \_\_\_\_\_ Yard Work

**Occupational Duties**

- \_\_\_\_\_ Computer Work
- \_\_\_\_\_ Desk Work
- \_\_\_\_\_ Driving (at work)
- \_\_\_\_\_ Lifting (at work)
- \_\_\_\_\_ Using the Telephone

**Personal Care**

- \_\_\_\_\_ Bathing
- \_\_\_\_\_ Dressing
- \_\_\_\_\_ Hair Care
- \_\_\_\_\_ Shaving

**Recreational Activities**

- \_\_\_\_\_ Cycling
- \_\_\_\_\_ Drawing
- \_\_\_\_\_ Exercise
- \_\_\_\_\_ Golf
- \_\_\_\_\_ Needle Work
- \_\_\_\_\_ Piano
- \_\_\_\_\_ Running
- \_\_\_\_\_ Softball
- \_\_\_\_\_ Swimming
- \_\_\_\_\_ Tennis