

Employment, ADL, and Recreation Information

Patient name _____ File # _____ Date _____

Description of Work: _____

Condition's Effect On Job Performance: No Effect Mild (painful can do) Mod (painful limited ability)
 Mod/Sev (limited duty) Sev (no limited duty) Sev (can't do limited duty)

Daily Activities: Effects of Current Condition on Performance

Bending:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Care - Infirm Family:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Carrying Groceries:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Change Posn-Sit-Stand:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Climb Stairs:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Driving:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Extended Computer Use:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Feeding:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Household Chores:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Kneeling:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Lift Children:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Lifting:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Pet Care:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Reading (Concentration):	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Self Care Bathing:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Self Care-Dressing:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Self Care-Shaving:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Sexual Activities:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Sleep:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Static Sitting:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Static Standing:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Walking:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform
Yard Work:	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (Limited)	<input type="checkbox"/> Sev Unable to Perform

Recreational Activity: Effects of Current Condition on Performance

_____	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (limited)	<input type="checkbox"/> Sev Unable to Perform
_____	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (limited)	<input type="checkbox"/> Sev Unable to Perform
_____	<input type="checkbox"/> No Effect	<input type="checkbox"/> Mild Painful (Can do)	<input type="checkbox"/> Mod Painful (limited)	<input type="checkbox"/> Sev Unable to Perform

Patient Name _____

Date _____

Patient Signature _____