

Patient Name: _____

Date: _____

Please circle the pain level number you are currently experiencing

Body Part _____

(No Pain) 0 ----- 10 (Unbearable pain)

1 2 3 4 5 6 7 8 9

Body Part _____

(No Pain) 0 ----- 10 (Unbearable pain)

1 2 3 4 5 6 7 8 9

Body Part _____

(No Pain) 0 ----- 10 (Unbearable pain)

1 2 3 4 5 6 7 8 9

ACTIVITIES OF DAILY LIVING

People with spinal problems may find that certain activities are restricted or difficult to do.

all activities that you find difficult to do.

- Sleep through the night
- Get out of bed
- Make your bed
- Bathe yourself
- Wash, comb or dry hair
- Bend over a sink for 10 minutes
- Go to the bathroom
- Put on socks, shoes or clothing
- Walk up one flight of stairs
- Walk down on flight of stairs
- Crawl on all fours
- Turn a door knob
- Open a heavy door
- Enjoy hobbies or social activities
- Sit in a chair for 30 minutes
- Sit and work at a desk for one hour
- Get up from a low seat
- Cross legs
- Walk one mile
- Stand for 30 minutes
- Travel on journeys that take over one hour
- Push or pull vacuum cleaner or lawn mower
- Carry laundry basket, groceries or a small child
- Wash windows or walls
- Bend over to clean bathtub
- Shovel snow or raking leaves
- Use pencil, scissors, screwdriver, or pliers
- Lift a heavy suitcase (about 40 pounds)
- Reach in front or overhead to high shelves
- Neck or back weakness
- Restricted movement of neck or back
- Persistent tender areas in muscles around neck or back
- "Catch" or "kink" in the neck or back