

Tipp City Chiropractic Center
215 S. Garber Drive
Tipp City, OH 45371
(937) 667-7700

Activities of Daily Living

Patient Name: _____

Check each of the activities which you have difficulty performing and or can perform only with pain. (There is no particular priority in the order presented).

HOUSEWORK

- ___ Doing Laundry
- ___ Making Beds
- ___ Vacuuming
- ___ Washing Dishes
- ___ Ironing
- ___ Carrying groceries
- ___ Caring for pets
- ___ Cooking
- ___ Other _____

YARDWORK

- ___ Mowing lawn
- ___ Shoveling snow
- ___ Raking leaves
- ___ Gardening
- ___ Other _____

GENERAL

- ___ Walking
- ___ Standing
- ___ Running
- ___ Sitting
- ___ Lifting children
- ___ Bending
- ___ Climbing stairs
- ___ Reading
- ___ Lying in bed
- ___ Chewing

PERSONAL GROOMING

- ___ Combing Hair
- ___ Shaving
- ___ In/out bathtub
- ___ Brushing teeth
- ___ Other _____

TRAVEL

- ___ Driving
- ___ Riding

Minutes per Day _____

Type of vehicle _____

- Auto _____
- Train _____
- Bus _____
- Truck _____
- Airplane _____

- ___ Getting in/out of auto
- ___ Playing piano
- ___ Using computer
- ___ Kneeling
- ___ Sexual intercourse
- ___ Exercising
- ___ Sleeping
- ___ Using telephone
- ___ Sitting in recliner
- ___ Swimming

___ Sports: List: _____

OTHER: Please list any other difficulties you are experiencing with activities you have engaged in since your condition arose:

Signature: _____ Date: _____