

SYMPTOM/ADL QUESTIONNAIRE



*Physical and Occupational Therapy
Work Injury Rehabilitation*

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Date: _____

Client: _____

Describe your current symptoms or problems:

Describe what may increase your symptoms: (activities, positions or maneuvers, etc.)

What may provide relief? None
 Changing positions Stretching Walking Taking Medications
 TENS Unit Ice Heat Other: _____

Are you currently using any of the following? None
 Walker Cane Knee brace Back cushion TENS unit Shoe Lift/Orthotics
 Sling Wrist brace Elbow brace Back brace Other: _____

How long can you: Sit in a straight-backed chair before you need to stand up? _____
 Stand in one place, shifting your weight before you need to walk or sit down? _____
 Walk before you need to stop? _____
 Be up on your feet (stand/walk) before you need to sit down? _____

Daily Exercise: Walk Stretch Swim Weight Lifting None Other: _____

Activities of Daily Living: Rate the activities on how easy they are for you to perform.
1= Able to do **2=** Able to do, but with some discomfort **3=** Have stopped due to present injury **N/A=** Not applicable

Mobility

Getting in/out of Bed	1	2	3	N/A
Getting in/out of a Chair	1	2	3	N/A
Getting in/out of a Car	1	2	3	N/A
Climbing Stairs	1	2	3	N/A
Climbing a Ladder	1	2	3	N/A

Kitchen Activities

Meal Preparation	1	2	3	N/A
Clean Up	1	2	3	N/A
Reach into Top Cupboards	1	2	3	N/A
Reach into Bottom Cupboards	1	2	3	N/A

Shopping

Pushing the Grocery Cart	1	2	3	N/A
Lifting Bags of Groceries	1	2	3	N/A
Carrying Bags of Groceries	1	2	3	N/A
Reaching above shld. height	1	2	3	N/A
Reaching below knee height	1	2	3	N/A

Home Maintenance

Washing Windows	1	2	3	N/A
Mowing the Lawn	1	2	3	N/A
Raking	1	2	3	N/A
Chopping Wood	1	2	3	N/A
Shoveling	1	2	3	N/A

Car Maintenance

Pumping Gas	1	2	3	N/A
Washing/Vacuuming Vehicle	1	2	3	N/A
Changing Tires	1	2	3	N/A
Changing Oil	1	2	3	N/A
Tune-Up	1	2	3	N/A

Personal Hygiene

Sink Activities	1	2	3	N/A
Showering	1	2	3	N/A
Bathing	1	2	3	N/A
Shaving/Make-Up	1	2	3	N/A
Hair Care	1	2	3	N/A

Dressing

Shoes/Socks	1	2	3	N/A
Pants/Skirts/Hose	1	2	3	N/A
Shirt/Blouse	1	2	3	N/A

Household Chores

Vacuuming	1	2	3	N/A
Laundry	1	2	3	N/A
Sweeping	1	2	3	N/A
Making the Bed	1	2	3	N/A
Dusting	1	2	3	N/A
Mopping	1	2	3	N/A
Gardening/Weeding	1	2	3	N/A

General

Lifting Children	1	2	3	N/A
Writing	1	2	3	N/A
Sleeping	1	2	3	N/A
Driving Automatic	1	2	3	N/A
Driving Stick Shift	1	2	3	N/A
Attending Community Functions	1	2	3	N/A

Residential Status: (circle all that apply)
 House Apartment Rent Room Trailer Other
 Alone Family Housemates Pets