What does the pain / dysfunction keep you from doing and why?

- ☐ Work: _____
- ☐ School: _____
- ☐ Sitting: _____
- ☐ Standing: _____
- ☐ Bending: _____
- ☐ Lifting: _____
- ☐ Reaching: _____
- ☐ Driving: _____
- ☐ Climb stairs: _____
- ☐ Grip/Grasp: _____
- ☐ Sleep: _____
- ☐ Mowing/Yardwork: _____
- ☐ Shopping: _____
- ☐ Doing Laundry: _____
- ☐ Doing the Dishes: _____
- ☐ Vacuum/Sweep/Mop: _____
- ☐ Taking care of Children: _____
- ☐ Sports (what did you do that you cannot do now): _____
- ☐ Hobbies: _____

Can You Dress Yourself? Yes. Yes, but it takes time. No, I need help.

- ☐ Other: _____

Patient Signature: _____ Date: _____