



## ACTIVITIES OF DAILY LIVING Questionnaire

Name \_\_\_\_\_ Date: \_\_\_\_\_

The purpose of this questionnaire is to identify your current level of ability with regards to activities that you perform each day (Activities of Daily Living). Please answer the following questions to the best of your ability.

Circle the appropriate number that best describes your current level of ability. Please be as honest as you can with your responses so that we can develop a program to meet your specific needs.

	All the Time	Most of the Time	Occasionally	Never
I can dress myself without assistance?	1	2	3	4
I can tie my shoelaces?	1	2	3	4
I can reach for a can on the top shelf?	1	2	3	4
I can kneel down on both knees?	1	2	3	4
I can lie down on the ground?	1	2	3	4
I can get up off the ground?	1	2	3	4
I can pull open a heavy door?	1	2	3	4
I can push open a heavy door?	1	2	3	4
I can walk up a flight of stairs?	1	2	3	4
I can walk down a flight of stairs?	1	2	3	4
I can get off a toilet seat without having to use my upper body?	1	2	3	4
I can reach down and pick up a book off the floor?	1	2	3	4
I can walk on an uneven surface? (Grass or sand)	1	2	3	4
I can stand on one foot and balance myself for 5 seconds?	1	2	3	4
I can prepare a meal for myself?	1	2	3	4
I can operate an automobile?	1	2	3	4
I can walk for 10 minutes without stopping?	1	2	3	4
I can cut my own grass?	1	2	3	4
I can work in the garden?	1	2	3	4
I can carry groceries from the car?	1	2	3	4
I can safely walk on ice or snow?	1	2	3	4
I can shovel snow from my steps?	1	2	3	4