

## Employment, ADL, and Recreation Information

Patient Name: \_\_\_\_\_ Case: \_\_\_\_\_ Date: \_\_\_\_\_ Dr: \_\_\_\_\_

Outcomes Assessment Tool Used \_\_\_\_\_ Score \_\_\_\_\_

Description of Work: \_\_\_\_\_

Condition's Effect On Job Performance:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (limited ability)  
 **Mod/Sev** Limited Duty  **Sev** No Limited Duty  **Sev** (can't do limited duty)

### Daily Activities: Effects of Current Condition on Performance

Bending:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Care –Infirm Family:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Carrying Groceries:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Change Posn–Sit-Stand:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Climb Stairs:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Driving:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Extended Computer Use:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Feeding:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Household Chores:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Kneeling:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Lift Children:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Lifting:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Pet Care:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Reading (Concentration):	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Self Care–Bathing:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Self Care–Dressing:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Self Care–Shaving:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Sexual Activities:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Sleep:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Static Sitting:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Static Standing:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Walking:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
Yard Work:	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (Limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform

### Recreational Activity: Effects of Current Condition on Performance

_____	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
_____	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform
_____	<input type="checkbox"/> <b>No Effect</b>	<input type="checkbox"/> <b>Mild</b> Painful (Can do)	<input type="checkbox"/> <b>Mod</b> Painful (limited)	<input type="checkbox"/> <b>Sev</b> Unable to Perform