

## Daily Activity Questionnaire

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

### Sedentary Behavior (sedentary activities: watching TV, at a computer, talking on the phone, reading)

- 1 Most of the day
- 2 Half of the day
- 3 Some of the day
- 4 Rarely

### Activities of Daily Living (going to the bathroom, showering, eating)

- 1 Needs some assistance.
- 2 Slight difficulty
- 3 Minimal difficulty
- 4 No problem

### Laundry

- 1 Unable
- 2 Occasionally
- 3 Regularly in small steps or with help
- 4 Regularly without help

### Cooking

- 1 Unable to prepare meals
- 2 Take-out, breakfast, or simple lunch only
- 3 Simple microwave or crock-pot meal
- 4 No problem/regular meals

### Housekeeping/Lawn and Garden

- 1 Unable
- 2 Light dusting, straighten up
- 3 Regular housekeeping in small steps or with help
- 4 Fully capable

Grocery Shopping

- 1 Unable
- 2 Occasional (once or twice per month)
- 3 Frequent, but with assistance
- 4 No problem

Social Activities (church, temple, family and friends)

- 1 No longer able
- 2 Occasional (once or twice per month)
- 3 Frequent, but with assistance
- 4 No problem

Driving

- 1 Unable
- 2 Very limiting
- 3 Cautious, local trips
- 4 Distant trips/traffic

Errands or Light Chores (post office, drop off a child)

- 1 None
- 2 One per day
- 3 Two to three per day
- 4 No or few restrictions