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 smalls 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