Dr. Danielle E. Luzzo, Chiropractor – 282 Railroad Avenue, Greenwich, CT 06830 – Tel: 203-661-3444

Patient Name: _____ Date: _____

ACTIVITIES OF DAILY LIVING

Please note: If there is more than one area of complaint – specify which area is affected in the boxes.

	I have pain or discomfort when I: (mark only the appropriate columns that apply, leave all others blank)	I **can** do this, but it causes me pain	This activity is **limited** due to pain	I am **unable** to do this due to pain
1)	Stand still (i.e., to cook, wash dishes, wait in line)			
2)	Walk			
3)	Walk up stairs			
4)	Walk down stairs			
5)	Bend			
6)	Lift			
7)	Household chores			
8)	Drive			
9)	Get out of car			
10)	Turn to back up while driving			
11)	Write or read			
12)	Shave/brush teeth/shower			
13)	Sit			
14)	Rise from sitting or lying down			
15)	Travel outside of home			
16)	Tie my shoe, put on socks, put on pants			
17)	Put on a coat or jacket			
18)	Make the bed			
19)	Sleep or lie down			
20)	Work at a computer			
21)	Perform job duties			
22)	Other:			
23)	Other:			