

**ACTIVITIES OF DAILY LIVING COMMONLY
MEASURED IN ACTIVITIES OF DAILY LIVING (ADL)***
(Based on Pg. 4 Guides to the Evaluation of Permanent Impairment, 5th Edition)

Name of Applicant: _____

Date: _____

APPLICANT HAS DIFFICULTY WITH: (Mark with an "X" below and explain where indicated)						
	CATEGORY OF ACTIVITY	ACTIVITY	Without Difficulty	With Some Difficulty	With Much Difficulty	Mostly Unable to Do
1.	Self-care, personal hygiene (Urinating, defecating, brushing teeth, combing hair, bathing, dressing oneself, eating)	Take a shower				
		Take a bath				
		Wash & dry body				
		Wash & dry face				
		Turn on/off faucets				
		Brush teeth				
		Get on/off toilet				
		Comb/brush hair				
		Dress self				
		Put on/off shoes/socks				
		Open carton of milk				
		Open a jar				
		Lift glass/cup to mouth				
		Make a meal				
		Lift fork/spoon to mouth				
		Describe other: (bladder and bowel function difficulties: incontinence, retention, constipation?)				
2.	Physical activity (Standing, sitting, reclining, walking, climbing stairs)	Stand				
		Sit				
		Recline				
		Rise from a chair				
		Get in/out of bed				
		Climb flight of 10 stairs				
		Work outdoors				
		Light housework				
		Shop/do errands				
		Carry groceries				
		Lift 5 lbs.				
		Lift 10 lbs.				
		Lift 20 lbs.				
		Lift 30 lbs.				
		Walk				
		Care for children or parents				
		Engage in hobbies (music or crafts, etc.) Indicate hobby:				
		Describe other: (eating/chewing difficulty: TMJ?)				

APPLICANT HAS DIFFICULTY WITH:

(Mark with an "X" below and explain where indicated)

	CATEGORY OF ACTIVITY	ACTIVITY	Without Difficulty	With Some Difficulty	With Much Difficulty	Mostly Unable to Do
3.	Communication (Writing, typing, seeing, hearing, speaking)	Write a note				
		Type a message on a computer/typewriter				
		See a television screen				
		Use a telephone				
		Speak clearly				
		Hear clearly				
		Describe other:				
4.	Nonspecified hand activities (Grasping, lifting, tactile, discrimination)	Pick up small items				
		Turn a knob on a door				
		Write with a pen/pencil				
		Steer wheel of car				
		Describe other:				
5.	Sensory function (Hearing, seeing, tactile feeling, tasting, smelling)	Feel what you touch				
		Taste what you eat				
		Smell what you eat				
		Describe other:				
6.	Travel (Riding, driving, flying)	Get in/out of a car				
		Drive a car				
		Ride in a car				
		Fly in a plane				
		Ride a bicycle				
		Describe other:				
7.	Sexual function (Orgasm, ejaculation, lubrication, erection)	Engage in sexual activity				
		Describe specific difficulty: (Orgasm, ejaculation, lubrication, erection?)				
8.	Sleep (Restful sleep, nocturnal sleep pattern)	Get to sleep				
		Sleep through the night				
		Have restful sleep				
		Feel refreshed after sleep				
		Describe specific difficulty: (teeth grinding at night, excessive daytime fatigue, irritability, etc.)				

- This chart is meant to assist the examining physician to place the Applicant in certain impairment categories when determining whole person impairment under the American Medical Association Guides to the Evaluation of Permanent Impairment (AMA) and in identifying body systems requiring referrals for impairment evaluations.
- Note: ADLs may indicate a serious condition requiring treatment