



Daily Activity Questionnaire

Patient Name _____ Date _____

Please check the one best response for each activity described below:

SEDENTARY BEHAVIOR

Sitting while watching TV, at a computer, driving, talking on the phone, or reading

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

Total _____

ACTIVITIES OF DAILY LIVING

Bathing, dressing, feeding self, toilet

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

Total _____

LAUNDRY

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

Total _____

COOKING

- 1 Unable
- 2 Take-out, breakfast, or simple lunch only
- 3 Simple microwave or crockpot meal
- 4 Regular meals

Total _____

HOUSEKEEPING

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

Total _____

GROCERY SHOPPING

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

Total _____

SOCIAL ACTIVITIES

Church, temple, family and friends

- 1 Unable
- 2 Infrequently
- 3 Occasionally (once or twice per month)
- 4 Frequently (weekly or more often)

Total _____

DRIVING

- 1 Unable
- 2 Very limited
- 3 Cautious, local trips
- 4 Distant trips or traffic

Total _____

ERRANDS OR LIGHT CHORES

Post office, drop off a child

- 1 None
- 2 0-1 per day
- 3 2-3 per day
- 4 No or few restrictions

Total _____

Grand Total _____