Employment, ADL, and Recreation Information

Patient Name:					Case:			Date:			Dr:			
Occupation/Job Title:									Work:			hrs / day or week		
Description of Work:														
Job Classification:	□ Sed	entary	(<5lbs)		□ Ligh	nt (5-20	Olbs)	□ M	loderat	e (20-5	0lbs)	☐ Heavy (>5	0 lbs)	
Lifting Frequency:	□ Con	stant (67-100	%/day)		Freque	nt (33-	66%/da	ay) 🗆	Occas	sional (0)-32%/day)		
Lifting Postures:	□ with	n Arms		High N	lear	□ fro	m Knee	. 🗆	Off Po	sture	□ f	rom Torso		
Work Activity Postures: □ bending:h/d □ reaching:h/d	(hrs/da □ climl □ sittin	bing: _					h/d h/d		ulling: wisting			□ pushing: □ walking:		
Repetitive Activities: (hrs/day) assembly/fine manipulation:h/d														
Condition's Effect On Jo	ob Perfo	ormano				ed Duty						(limited ability) limited duty)		
Daily Activities: Effects	of Curr No Eff		ndition	on Pe	erform	ance					Unable	to Perform		
	0/10	1/10	2/10	3/10	4/10	5/10	6/10	7/10	8/10	9/10	10/10			
Bending:														
Care –Infirm Family:														
Carrying Groceries:														
Change Posn–Sit-Stand:														
Climb Stairs:														
Driving:														
Extended Computer Use:														
Feeding:														
Household Chores:														
Kneeling:														
Lift Children:														
Lifting:														
Pet Care:														
Reading (Concentration):														
Self Care:														
Self Care–Bathing:														
Self Care–Dressing:														
Self Care–Shaving:														
Sexual Activities:														
Sleep:														
Static Sitting:														
Static Standing:														
Walking:														
Yard Work:														

Recreational Activity: Effects of Current Condition on Performance

	No Effe	ect ←				— Unable to						
	0/10	1/10	2/10	3/10	4/10	5/10	6/10	7/10	8/10	9/10	10/10	
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