



# 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 \_\_\_\_\_

Please continue on the next page

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

### 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 Need some assistance
- 2 Occasional (once or twice per month)
- 3 Frequent, but with assistance
- 4 No problem

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 One per day
- 3 Two to three per day
- 4 No or few restrictions

Total \_\_\_\_\_

Grand Total \_\_\_\_\_