

HORNBERGER WELLNESS & CHIROPRACTIC

ACTIVITIES OF DAILY LIVING (ADL)

Name: _____ Date: _____

Comments:

DRESSING: ___ Not Affected ___ Needs Assistance ___ Minimal Assistance ___ Moderate Assistance
___ Maximal Assistance ___ Upper Garments ___ Lower Garments ___ Upper and Lower Garments

GROOMING: Grooming Activity/s Being Affected:

WALKING: ___ Affected ___ Not Affected ___ Needs Cane ___ Needs Walker ___ Needs Self-Propelled
Wheelchair ___ Needs Electric Wheelchair ___ Duration (in minutes)

SITTING: ___ Affected ___ Not Affected ___ Duration (in minutes)

STANDING: ___ Affected ___ Not Affected ___ Duration (in minutes)

SITTING TO STANDING: ___ Not Affected ___ Needs Assistance ___ Needs Railing ___ Difficult ___ Painful

IN/OUT OF BED: ___ Not Affected ___ Needs Assistance ___ Needs Railing ___ Difficult ___ Painful

LIFTING: ___ Affected ___ Not Affected ___ Max Weight

CLIMBING STAIRS: ___ Not Affected ___ Affected Going Up Steps ___ Affected Going Down Steps ___ Affected
Going Up Steps and Down Steps ___ Needs Assistance ___ Needs Railing ___ Difficult ___ Painful ___ Non-
Reciprocal

HOUSEWORK (which tasks have become affected):

DRIVING: ___ Affected ___ Not Affected ___ Duration (in minutes)

EXERCISE: ___ Affected ___ Not Affected ___ Duration (in minutes) _____ Exercise Type

SLEEPING: ___ Affected ___ Not Affected ___ Painful ___ Difficulty Falling Asleep ___ Difficulty Turning
During Sleep ___ Duration (in minutes) _____ Location

COMMENTS:
