

RADBURN FAMILY CHIROPRACTIC CENTER

12-47 RIVER RD.

FAIR LAWN, NJ 07410

PATIENT NAME: _____

Check each of the activities which you have difficulty performing and/or can perform only with pain. (There is no particular priority in the order presented.)

HOUSE WORK:

- _____ Doing laundry
- _____ Making beds
- _____ Vacuuming
- _____ Washing dishes
- _____ Ironing
- _____ Carrying groceries
- _____ Caring for pets
- _____ Cooking
- _____ Other _____

YARDWORK:

- _____ Mowing lawn
- _____ Shoveling snow
- _____ Raking leaves
- _____ Gardening

GENERAL:

- _____ Walking
- _____ Standing
- _____ Running
- _____ Sitting
- _____ Lifting Children
- _____ Bending
- _____ Climbing Stairs
- _____ Reading
- _____ Laying in bed
- _____ Chewing
- _____ Sports: List _____

PERSONAL GROOMING:

- _____ Combing hair
- _____ Shaving
- _____ In/Out bathtub
- _____ Brushing teeth
- _____ Other _____

TRAVEL:

- _____ Driving
- _____ Riding (Passenger)

Minutes per day

Type vehicle

- Auto _____
- Train _____
- Bus _____
- Truck _____
- Airplane _____

- _____ Getting in and out of Auto
- _____ Playing Piano
- _____ Using typewriter/computer
- _____ Kneeling
- _____ Sex
- _____ Exercising
- _____ Sleeping
- _____ Using telephone
- _____ Sitting in recliner
- _____ Swimming

OTHER: Please list any other difficulties you are experiencing with activities you have engaged in since your condition arose:

Signed: _____ Date: _____