

ADL Functional Assessment Form

The Activities of Daily Living (ADL) Functional Assessment is a functional assessment, proven to be reliable and valid, designed to assess what daily living areas are impacted by injury or disability. The assessment tool quickly identifies what functional deficits are present so we can address those areas.

Instructions: Using the “Test Values” below, please mark **ONE** response for each category regarding how well you can perform or manage each of the activities below ***during the last 30 days.***

Name	Test Values
Pain Intensity	<input type="radio"/> No Pain <input type="radio"/> Mild Pain <input type="radio"/> Moderate Pain <input type="radio"/> Severe Pain <input type="radio"/> Worst Possible Pain
Sleeping	<input type="radio"/> Perfect Sleep <input type="radio"/> Mildly Disturbed Sleep <input type="radio"/> Moderately disturbed sleep <input type="radio"/> Greatly disturbed sleep <input type="radio"/> Totally disturbed sleep
Personal Care (washing, dressing etc.)	<input type="radio"/> No pain; no restrictions <input type="radio"/> Mild pain; no restrictions <input type="radio"/> Moderate Pain; need to go slowly <input type="radio"/> Moderate Pain; need to some assistance <input type="radio"/> Severe Pain; need 100% assistance
Travel (driving, etc.)	<input type="radio"/> No Pain on long trips <input type="radio"/> Mild Pain on long trips <input type="radio"/> Moderate Pain on long trips <input type="radio"/> Moderate Pain on short trips <input type="radio"/> Severe Pain on short trips
Work	<input type="radio"/> Can do usual work unlimited extra work <input type="radio"/> Can do usual work; no extra work <input type="radio"/> Can do 50% work of usual work <input type="radio"/> Can do 25% of usual work <input type="radio"/> Cannot work
Recreation	<input type="radio"/> Can do all activities <input type="radio"/> Can do most activities <input type="radio"/> Can do some activities <input type="radio"/> Can do a few activities <input type="radio"/> Cannot do any activities
Frequency of pain	<input type="radio"/> No Pain <input type="radio"/> Occasional pain; 25 % of the day <input type="radio"/> Intermittent pain; 50% of the day <input type="radio"/> Frequent pain; 75 % of the day <input type="radio"/> Constant pain; 100% of the day
Lifting	<input type="radio"/> No pain with heavy weight <input type="radio"/> Increased pain with heavy weight <input type="radio"/> Increased pain with moderate weight <input type="radio"/> Increased pain with light weight <input type="radio"/> Increased pain with any weight
Walking	<input type="radio"/> No Pain; any distance <input type="radio"/> Increased pain after 1 mile <input type="radio"/> Increased pain after 1/2 mile <input type="radio"/> Increased pain after 1/4 mile <input type="radio"/> Increased pain with all walking
Standing	<input type="radio"/> No pain after several hours <input type="radio"/> Increased pain after several hours <input type="radio"/> Increased pain after 1 hour <input type="radio"/> Increased pain after 1/2 hour <input type="radio"/> Increased pain with any standing

Name (Print): _____ Signature: _____ Date: _____