



Employment, ADL, and Recreation Information

Patient name _____ Date _____

Initial Exam _____ Re-evaluation Exam _____

Condition's Effect On Job Performance: **No Effect** **Mild** (painful can do) **Mod** (painful limited ability)

Daily Activities: Effects of Current Condition on Performance

Bending: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited)

Driving: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited)

Sitting: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited)

Standing: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited)

Lifting: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited)

Sleeping: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited)

Hygiene **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited)

Walking: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited)

Yard Work: **No Effect** **Mild** Painful (Can do) **Mod** Painful (Limited)

Recreational Activity: Effects of Current Condition on Performance

_____ **No Effect** **Mild** Painful (Can do) **Mod** Painful (limited)

_____ **No Effect** **Mild** Painful (Can do) **Mod** Painful (limited)

_____ **No Effect** **Mild** Painful (Can do) **Mod** Painful (limited)

Patient Signature: _____ Date _____

Attending Doctor's Signature: _____ Date _____