

How does your condition impact the following activities of daily living?

✓ Please check all that apply

| | No Effect | Mild Painful (Can do) | Moderate Painful (Limited) | Severe Painful (Unable to perform) |
|--------------------------------------|-----------|--------------------------|-------------------------------|---------------------------------------|
| Bending | | | | |
| Carrying groceries | | | | |
| Changing position (sit-stand) | | | | |
| Climbing stairs | | | | |
| Driving | | | | |
| Extended computer use | | | | |
| Feeding | | | | |
| Household chores | | | | |
| Kneeling | | | | |
| Lift children | | | | |
| Lifting | | | | |
| Pet care | | | | |
| Reading (Concentration) | | | | |
| Bathing | | | | |
| Dressing | | | | |
| Sexual activities | | | | |
| Sleeping | | | | |
| Static sitting | | | | |
| Static Standing | | | | |
| Walking | | | | |
| Yard Work | | | | |