



NAME : _____

My Activity

Help us to understand your present day activity status. Please check below the statements that best describe your abilities at your current weight.

- Self reliant in usual daily activities.
- Difficulty getting out of bed on one's own.
- Difficulty getting on the toilet
- Difficulty going to the bathroom using hand bar.
- Difficulty going to the bathroom using elevated seat.
- Difficulty washing oneself.
- Difficulty dressing oneself.
- Difficulty putting on upper garments.
- Difficulty grooming
- Difficulty tying shoes.
- Unable to tie shoe laces.
- Unable to sit in a desk chair.
- Use of cane for walking.
- Limited ambulation with walker,
- Wheel Chair Dependent.
- Difficulty breathing during exertion.
- Unable to walk for more than _____ feet.
- Unable to walk for more than ___ min.
- Difficulty breathing after walking up _____ flights of stairs.
- Difficulty with activities of daily living.
- Unable to do ones own housecleaning.
- Unable to manage one's own money.

Physician's signature

Date