

ACTIVITIES OF DAILY LIVING

Does Plaintiff Need Help:	Yes/No	What % of Time
1. Cooking		
2. Cleaning up After Meals		
3. Shopping for Food, Bringing It in House, Putting It Away		
4. Shopping for Clothing, Trying It on, Bringing It in House, Putting It Away		
5. Driving		
6. Getting in/out of Vehicle		
7. Transfers:		
-Chair to Bed	-	
-Bed to Chair		
-Bed to Toilet and Back		
8. Personal Hygiene		
-Blow Drying Hair		
-Putting Makeup on		
-Getting Into Shower		
-Washing Body		
-Wiping After Use of Toilet		
-Bowel Program		
-Urinary Catheter		
-Getting Dressed		
-Upper Body		
-Lower Body		

9. Household Chores		
-Laundry		
-Hanging Clothes in Closet		
-Putting Clothes in Dresser		
-Writing Letters		
-Typing		
-Getting Mail		
-Using Phone		
-Remembering to Take Medications		
-Taking Care of Finances		
-Caring for Dog		
-Changing Light Bulbs		
-Reaching Light Switches		
-Plugging Things Into		
-Electrical Outlets		
10. Miscellaneous		
-Lawn Care/Yard Work		
-Changing a Tire		
-Putting on Snow Tires		
-Using Wheelchair on Snowy /Icy Ramps or Walkways		
-Getting to or From Doctor Appointments		
-Picking Up Medication		
-Eating Food		