Activity (i.e., doing one load of laundry)	Length of Time to Complete	Amount of Effort (%)	Notes (pain, difficulty, problems, other)
	<u> </u>	i	

Date:

Name:

Key Activities:

Activity	Frequency & Duration	Difficulties/Notes (pain, difficulty, amount of effort, problems, other)
shower/bath		
brush teeth		
eat meal		
change cloths		
get dressed		
interact with others		
go shopping		
pay bills		
bowel movement		
prepare meals		
eat meals		
drive car		
spend time with family		
watch television		