Deborah L. Barron

Barrister & Solicitor

Daily Living Tasks at home

Your Name: ________________________________ **Date:** ______________________

Type of residence (eg. 2 story house, apartment): _________________________________

Square footage of your residence: ____

Number of residents in household, relationship to you of each person and ages of each person____

Rate ability unassisted from 1 – 10, with 1 being best ability and 10 the worst				
	BEFORE THE ACCIDENT	**AFTER THE ACCIDENT**		
	Please insert dates to define these time periods →	**Immediately Following the Accident**	**Intermediate (If different from immediately following the accident)**	**Currently (If different from immediately following the accident)**
		PERIOD FROM ______________ TO ______________	PERIOD FROM ______________ TO ______________	PERIOD FROM ______________ TO ______________
DAILY LIVING TASKS	**Rank 1 - 10**	**Rank 1 – 10**	**Rank 1 - 10**	**Rank 1 - 10**
Getting in/out of bed/chair	Bed__ Chair___	Bed__ Chair__	Bed__ Chair__	Bed__ Chair__
Preparing meal				

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Feeding oneself				
Walking in home				
Using stairs				
Taking medicine				
Grooming/hygiene (specify activity)				
Brushing/flossing teeth				
Shower/bathe				
Get up off floor				
Dressing/undressing				
Reaching down to pick items off floor				
Dealing with garbage/recycling				
Caring for pet(s)				
Making bed Other (specify) Other (specify)				
Other (specify)				

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