

Use this form to log the activities affected by the injuries you sustained in your collision.

Activities of Daily Living

Does Claimant Need Help:	<u>Yes/No</u>	<u>What % of Time</u>
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 _____
- Changing a Tire _____
- Putting on Snow Tires _____
- Using Wheelchair on Snowy/Icy Ramps or Walkways _____
- Getting to or From Doctor Appointments _____
- Picking up Medication _____