

Activity Rating Chart

Clinic Name: _____

Patient Name: _____ ID #: _____

Rate your ability to perform each of the activities listed below at an average pace (acceptable to most workers and employers) as a percent of an 8-hour workday as follows:

" 0 " means..... "unable to perform the activity at all"

" 1 " means..... "able to perform the activity 10% of the day (48 minutes)"

" 5 " means..... "able to perform activity 50 % of the day (4 hours)"

"10" means..... "able to perform the activity 100% of the day (8 hours)"

Activity	Rating (please circle the appropriate number)										
Lifting – 10 Lb.	0	1	2	3	4	5	6	7	8	9	10
Lifting – 20 Lb.	0	1	2	3	4	5	6	7	8	9	10
Lifting – 50 Lb.	0	1	2	3	4	5	6	7	8	9	10
Carrying	0	1	2	3	4	5	6	7	8	9	10
Push/Pull	0	1	2	3	4	5	6	7	8	9	10
Walking	0	1	2	3	4	5	6	7	8	9	10
Climbing	0	1	2	3	4	5	6	7	8	9	10
Balance	0	1	2	3	4	5	6	7	8	9	10
Stoop/Bend	0	1	2	3	4	5	6	7	8	9	10
Kneeling	0	1	2	3	4	5	6	7	8	9	10
Crouching	0	1	2	3	4	5	6	7	8	9	10
Crawling	0	1	2	3	4	5	6	7	8	9	10
Reaching	0	1	2	3	4	5	6	7	8	9	10
Handling	0	1	2	3	4	5	6	7	8	9	10
Fingering	0	1	2	3	4	5	6	7	8	9	10
Feeling	0	1	2	3	4	5	6	7	8	9	10
Sitting	0	1	2	3	4	5	6	7	8	9	10
Standing	0	1	2	3	4	5	6	7	8	9	10

I agree the representations made in this form are accurate and true.

Patient Signature

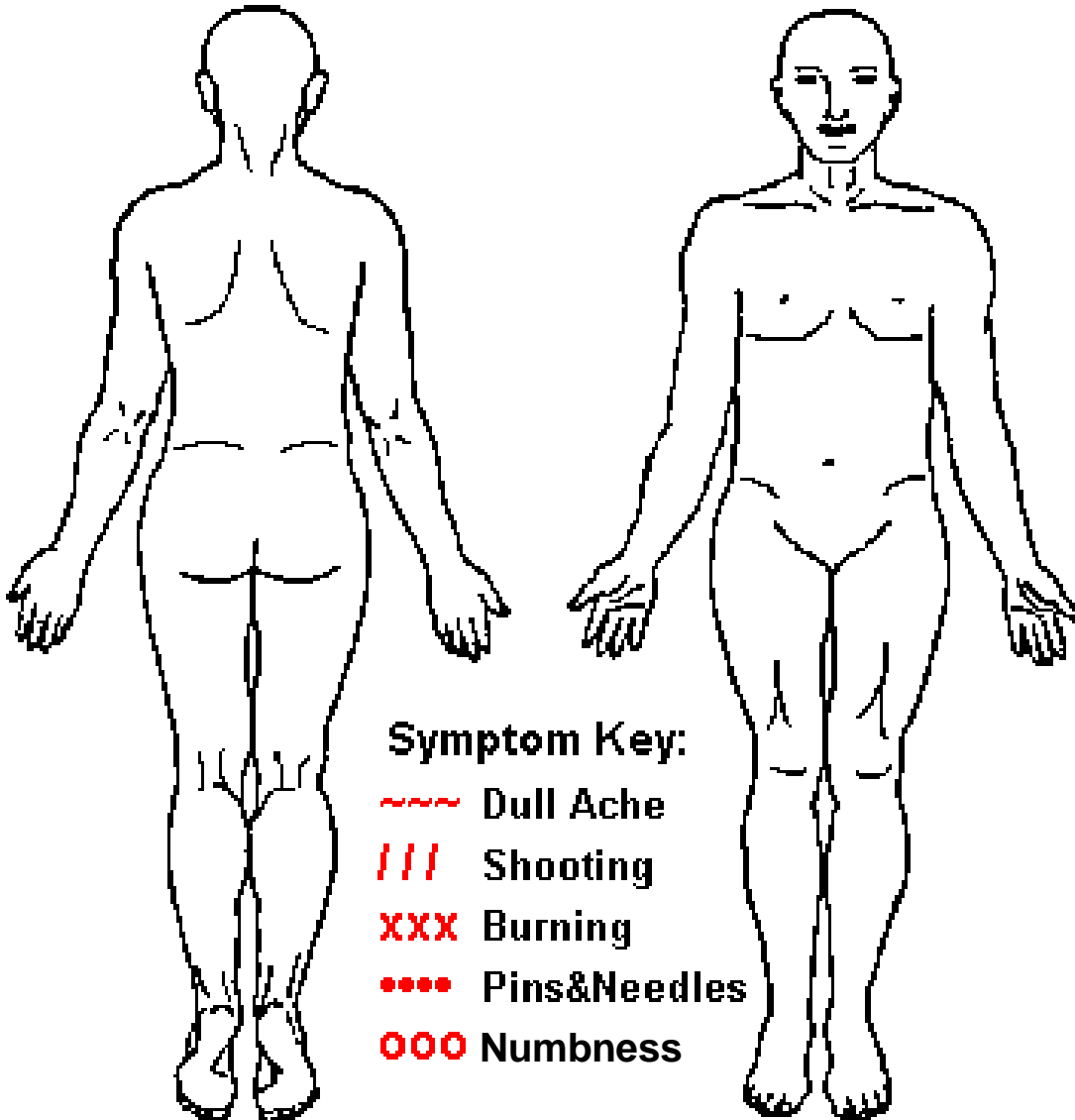
____/____/____
Date

Pain Drawing

Clinic Name: _____

Patient Name: _____ ID #: _____

Describe your current pain symptoms by marking on the drawing below, using symbols shown in the "Symptom Key", to indicate specific types of sensation.



The above chart, and the copy shown to me on the computer, are an accurate description of my current symptoms.

Patient Signature

____/____/____
Date