

Patient Name:		Date:	/	/
Loss of Enjoyment & Duties under Duress ❸				
and/or work activity. Place a ch	it relates to how your injury/injuries affect you eck in front of the living or work duties that uries. Also check the appropriate box designa	are painful	or difficu	ilt for you to
□ Lifting: □ Increased Pain □ □ Bending: □ Increased Pain □ □ Sitting: □ Increased Pain □ □ Walking: □ Increased Pain □ □ Computer Duties: □ Increase □ Other: □ Other: □ □ Othe	con for the Difficulty/Limitation Restricted Movement □ Weakness □ Cannot □ Restricted Movement □ Fatigue □ □ Increased Pain □ Restricted Movement □	not Perform It Perform not Perform I Cannot Per I Weakness I Weakness	☐ Cannot	t Perform
☐ Lifting: ☐ Increased Pain ☐ ☐ Bending: ☐ Increased Pain ☐ ☐ Sitting: ☐ Increased Pain ☐ ☐ Walking: ☐ Increased Pain ☐ ☐ Computer Duties: ☐ Increased Pain ☐ Studying: ☐ Increased Pain ☐ Other: ☐ Other: ☐ Other: ☐	ason for the Difficulty/Limitation Restricted Movement □ Weakness □ Cannot □ Restricted Movement □ Weakness □ Cannot Restricted Movement □ Weakness □ Cannot □ Restricted Movement □ Weakness □ Cannot ed Pain □ Restricted Movement □ Fatigue □ □ Restricted Movement □ Fatigue □ Cannot □ Increased Pain □ Restricted Movement □ □ Increased Pain □ Restricted Movement □ □ Increased Pain □ Restricted Movement □	not Perform t Perform not Perform I Cannot Per t Perform I Weakness I Weakness	☐ Cannot	t Perform
□ Vacuuming: □ Increased Pa □ Taking Care of Children/Othe □ Cleaning: □ Increased Pain □ Laundry: □ Increased Pain □ □ Preparing Meals: Increased □ Other: □ □ □ Other: □ □	eason for the Difficulty/Limitation in □ Restricted Movement □ Fatigue □ Canners: □ Increased Pain □ Restricted Movement □ Restricted Movement □ Fatigue □ Cannot □ Restricted Movement □ Fatigue □ Cannot Pain Restricted Movement Fatigue Cannot Pain Restricted Movement Fatigue Cannot Pain Restricted Mover □ Increased Pain/Anxiety □ Restricted Mover □ Increased Pain/Anxiety □ Restricted Mover	nt □ Fatigue t Perform Perform erform ment □ Fatig ment □ Fatig	gue □ Cai gue □ Cai	nnot Perform nnot Perform
☐ Yardwork: ☐ Increased Pain ☐ Transportation: ☐ Increased ☐ Shopping: ☐ Increased Pain ☐ Taking Out Trash: ☐ Increased ☐ Other:	Reason for the Difficulty/Limitation ☐ Restricted Movement ☐ Fatigue ☐ Cannot Pain/Anxiety ☐ Restricted Movement ☐ Fatigue ☐ /Anxiety ☐ Restricted Movement ☐ Fatigue ☐ /Anxiety ☐ Restricted Movement ☐ Weaknes ☐ Increased Pain/Anxiety ☐ Restricted Mover ☐ Increased Pain/Anxiety ☐ Restricted Mover ☐ Increased Pain/Anxiety ☐ Restricted Mover	gue □ Cann □ Cannot Pe s □ Cannot ment □ Fation ment □ Fation	erform Perform gue □ Cai gue □ Cai	nnot Perform nnot Perform
☐ Sport: Pre-Accident Level of Participat ☐ Sport:	□ Increased Pain □ Restricted Movemer tion: □ Socially □ Competitively □ Profess □ Increased Pain □ Restricted Movemer tion: □ Socially □ Competitively □ Profess □ □ Increased Pain □ Restricted Movemer tion: □ Socially □ Competitively □ Profess	sional nt □ Weakne sional nt □ Weakne	ess □ Car ess □ Car	nnot Perform

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