

Activities Of Daily Living Questionnaire *Bourree Chiropractic*

Work: What type of work do you do? _____
How many hours per day are you able to work now? _____
Prior to exacerbation? _____
Days per week now? _____
Prior to exacerbation? _____
How is your work affected? Lost _____

Home/Family: List the activities affected by your exacerbation _____

Sleep: How many hours per night do you sleep now? _____
Prior to exacerbation? _____
Do you feel rested now? _____
Prior to exacerbation? _____
What affects your sleep? (e.g. pain, not able to go to sleep, not able to wake up etc.) _____

Social/Recreational: Activities _____
Prior to exacerbation _____
How are your current activities affected? _____

Name: _____ **Signature** _____ **Date:** _____

Dr. David Bourree