

Self-Structured Checklist for Activity of daily living

Instruction

This checklist is designed to provide information about how your back pain affects the daily activities of your life. Please mark (√) in the appropriate column as per your ability to do following.

S. N	Items	Perform independently	Partially dependent	Dependent
		(No assistance required)	(Some assistance required)	(Complete assistance required)
		(2)	(1)	(0)
1	Ambulation			
2	Bathing			
3	Toileting			
4	Eating			
5	Sitting			
6	Standing			
7	Sleeping			
8	Grooming			
9	Climbing stairs			
10	Cooking			

Scoring

S. N	Criteria	Score
1	Perform independently	2
2	Partially dependent	1
3	Dependent	0

Interpretation

S.N	Criteria	Interpretation score
1	Complete independent	20
2	Moderate impairment	>10<20
3	Severe impairment	<10
4	Complete dependent	0