

ACTIVITIES OF DAILY LIVING QUESTIONNAIRE
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Please complete and sign form and Fax, mail or hand-deliver to James H. Sandman, P. C.

NAME: _____

DATE OF
BIRTH: _____

EDUCATION: _____

During the course of a hearing before an administrative law judge, you may be asked a series of questions relating to how you spend a typical day at home. These questions are not designed to embarrass or trick you; rather, they are an attempt to understand the effect your disability has had on your ability to perform typical activities one would normally encounter during the day. The more fully you answer the following questions, the better prepared both you and your attorney will be at the time of the hearing.

1.	Please describe the physical layout of your home or apartment, including the number of floors and stairs necessary for you to reach your bedroom.
2.	When do you wake up in the morning?
3.	Are you able to attend to your personal needs, such as going to the bathroom, taking a shower or bath, brushing your teeth, combing your hair, dressing, tying your shoes, etc.?
4.	Do you eat breakfast in the morning and, if so, do you make it yourself?
5.	Describe in detail how you spend your morning time, including time spent outside of the house, time spent inside the house, and time spent lying down:
6.	What time do you eat dinner or supper and who prepares it beforehand and cleans up afterwards?
7.	Describe in detail how you spend your afternoon time, including time spent outside of the house, time spent inside the house, and time spent lying down:
8.	What time do you eat dinner or supper and who prepares it beforehand and cleans up afterwards?

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9.	Describe in detail how you spend your evening hours:
10.	What time do you go to bed? And how long do you think it takes you to fall asleep?
11.	Do you wake up once you've fallen asleep? If so, why and how many times during the course of a night?
12.	When you awaken during the nighttime, how long do you think you stay awake? What do you do during that time?
13.	What medications do you take during the day, when do you take them, and for what reason?
14.	What exercises do you perform during the day, when do you perform them, and for what reason?
15.	What doctor(s)'s visits might you have during the day? Physical therapy? Chiropractic? Other? How long do these visits last?
16.	How much time during the course of a day do you spend watching television?
17.	How much time during the course of a day do you spend lying down?
18.	How much time during the course of a day do you spend reading? What do you read?

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|-----|---|
| 16. | How much time during the course of a day do you spend watching television? |
| 17. | How much time during the course of a day do you spend lying down? |
| 18. | How much time during the course of a day do you spend reading? What do you read? |
| 19. | How much time during the course of a day do you spend walking or driving? |
| 20. | How much time during the course of a day do you spend listening to music? |
| 21. | How much time during the course of a day do you spending doing other activities? |
| 22. | How does your injury or disease affect your ability to sit, and how long can you sit without being too uncomfortable? |
| 23. | How does your injury or disease affect your ability to stand, and how long can you stand without being too uncomfortable? |
| 24. | How does your injury or disease affect your ability to walk, and how long and for what distance can you walk without being too uncomfortable? |
| 25. | How does your injury or disease affect your ability to sleep, and how many hours do you generally sleep during the course of a night? |

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26. How much time during the course of a day do you spend watching television?

27. Please describe the symptoms you suffer from, first on a regular or frequent basis, then on an irregular or infrequent basis. When describing your symptoms, also think about how the intensity of your symptoms varies from time to time:

28. Who usually does the cooking in your household and do you do or attempt to do any of it?

29. Who usually does the cleaning in your household and do you do or attempt to do any of it?

30. Who usually does the vacuuming in your household and do you do or attempt to do any of it?

31. Who usually does the laundry in your household and do you do or attempt to do any of it?

32. Who usually does the food shopping in your household and do you do or attempt to do any of it?

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33. If and when you go food shopping, do you carry the groceries to the car and/or into the house?

34. Who puts away the groceries?

35. Who usually does the repairs around the house and do you do or attempt to do any of it?

36. Who mows the grass and/or shovels the snow?

37. Do you have small children living at home and, if so, how many and what are their ages?

38. Are you able to physically or emotionally able to interact with your child or children or grandchildren on a daily basis? Please explain:

39. In your own words, what is the major effect or effects of your disability on your ability to enjoy life on a day-to-day basis?

I have read the answers to the above questions and they are true to best of my knowledge and belief.

Signature

Date