

# 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