

Odessa Chiropractic Center

Activities Discomfort Scale

Name: _____ Patient #: _____ Date: _____

	0	1	2	3	4
Activity	No Discomfort	A Little Discomfort	Significant Discomfort	Almost Unbearable	Unbearable
1. Walking					
2. Sitting					
3. Bending					
4. Standing					
5. Sleeping					
6. Lifting					
7. Running or Jogging					
8. Climbing Stairs					
9. Carrying					
10. Pushing or Pulling					
11. Driving					
12. Dressing					
13. Reading					
14. Watching TV					
15. Household Chores					
16. Gardening					
17. Sports					
18. Employment					
Other: _____					
Totals					

Comments: _____

