



**Key Activities:**

<b>Activity</b>	<b>Frequency &amp; Duration</b>	<b>Difficulties/Notes (pain, difficulty, amount of effort, problems, other)</b>
shower/bath		
brush teeth		
eat meal		
change cloths		
get dressed		
interact with others		
go shopping		
pay bills		
bowel movement		
prepare meals		
eat meals		
drive car		
spend time with family		
watch television		