



Klein Chiropractic Center

821 West Chester Pike
West Chester, PA 19382
www.kleinchirocenter.com
(610) 918-9455

CRAWL-INS WELCOME

Activities of Daily Living Impairment

Dear Patient/Claimant: _____
Please PRINT Name

Please be aware that the purpose of this examination is to determine your level of impairment. Impairment is defined as the loss of, loss of use of, or derangement of any part, system, or function. Disability is the limiting loss or absence of the capacity of an individual to meet personal, social, or occupational demands, or to meet statutory or regulatory requirements.

Please read the following directions and complete the impairment check list. In terms of a normal day where you are active 16 hours and sleep 8 hours, "occasionally" means 33%, frequently means 34% to 66%, and "continuously" means 67% to 100% of the day. Please mark how the specific injury(ies) you are being examined for now impair your life in a normal day.

ACTIVITIES OF DAILY LIVING	IMPAIRED			
	Not at All	Occasionally	Frequently	Continuously
Self Care/Personal hygiene	()	()	()	()
Normal living postures (Sitting, lying down, etc.)	()	()	()	()
Travel	()	()	()	()
Sexual Function	()	()	()	()
Social/Recreational activities	()	()	()	()
Ambulation(moving around)	()	()	()	()
Sleep	()	()	()	()
Writing	()	()	()	()
Other _____	()	()	()	()
Other _____	()	()	()	()

Signature _____ Date _____

"We are dedicated to helping people reach optimal health through natural chiropractic care"