

Patient Activity Scale (PAS)

We are interested in learning how your illness affects your ability to function in daily life. Place an X in the box which best describes your usual abilities OVER THE PAST WEEK:

	Without Any Difficulty	With Some Difficulty	With Much Difficulty	Unable To Do
Are you able to:				
Dress yourself, including shoelaces and buttons? Shampoo your hair?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Stand up from a straight chair? Get in and out of bed?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Cut your meat? Lift a full cup or glass to your mouth? Open a new milk carton?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Walk outdoors on flat ground? Climb up five steps?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Please place an X in the box beside any aids or devices that you usually use for any of the above activities:

- Cane
 Crutches
 Walker
 Wheelchair
 Built up or special utensils
 Special or built up chair
 Devices used for dressing (button hook, zipper pull, long handled shoe horn)
 Other (please specify) _____

Place an X in the box beside any categories for which you usually need HELP FROM ANOTHER PERSON:

- Dressing and Grooming
 Arising
 Eating
 Walking

Place an X in the box which best describes your usual abilities OVER THE PAST WEEK:

	Without Any Difficulty	With Some Difficulty	With Much Difficulty	Unable To Do
Are you able to:				
Wash and dry your body? Take a tub bath? Get on and off the toilet?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Reach and get down a 5 pound object (such as a bag of sugar) from just above your head? Bend down to pick up clothing from the floor?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Open car doors? Open jars which have been previously opened? Turn faucets on and off?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Run errands and shop? Get in and out of a car? Do chores such as vacuuming or yard work?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Please place an X in the box beside any AIDS or DEVICES that you usually use for any of the above activities:

- Bathtub bar
 Raised toilet seat
 Jar opener for jars previously opened
 Long-handled appliances for reach
 Long-handled appliances in bathroom
 Other (please specify) _____

Please place an X in the box beside any categories for which you usually need HELP FROM ANOTHER PERSON:

- Hygiene
 Reach
 Gripping and Opening Things
 Errands and Chores



