



Household/Domestic Physical Activity Assessment Form

Patient Name: _____

Date: _____

Instructions: Interview the patient and record potential physical activity chores for each of the locations below. Rate each activity/chore on a scale of 1 to 10 (1 being very low-level intensity and 10 being very high level of physical activity). Enter most appropriate activities in defined spaces on *Household Circuit Form*, beginning with relatively easy activities and increasing the level of work intensity throughout the circuit.

Example work/chore actions: *Cleaning, organizing, sweeping, laundry, scrubbing, vacuuming, washing, loading, building, carrying, moving, lifting, mowing, digging, repairing, planting, weeding, painting, hammering, excavating, raking, walking, stepping, climbing, hanging, etc.*

House/dwelling:

Yard/property:

Community:

Miscellaneous: