

APPENDIX D-3

The Daily Activity Questionnaire

The DDS will often ask for more information in order to make a determination of (legal) disability. That's right, they want even more information to supplement the very thorough application form you already submitted. They may send you a Daily Activity Questionnaire, Activities of Daily Living and Socialization form, Work History Report, and/or a Fatigue Questionnaire.

The bad news: Another #%#*%\$&* Form! Another %\$*& Deadline!

The good news: Another opportunity to emphasize the total burden of your illness and how it prohibits you from working full-time at ANYTHING. By this time you've probably thought, "Rats! I should have mentioned _____ in that initial application!" Well, here's your chance to work it in.

More good news: You haven't been denied yet!

You can help DDS estimate your "residual functional capacity" for work by describing the activities you perform at home, away from home, in social settings, and your hobbies. Detail the types of assistance you need to complete various tasks. Also include descriptions of activities you used to do, but are no longer able to perform. Tell why and how you do any of those activities differently now. If the categories below are not included on the particular form sent to you, put the information into the "Is there anything else you would like us to know?" item.

The numbered questions below are suggested from various SSA forms and other questionnaires. The follow-up questions are designed to coax out relevant details. If you are stimulated to remember something that doesn't have a corresponding question, just find an appropriate place to insert your information.

You may draft paragraphs for each section or for each question. I suggest organizing the information into the following categories:

- Self-care
- Personal business

- Home care
- Typical month
- Hobbies and recreation
- Social activities

SELF-CARE

1. Do you need help taking care of your personal needs/grooming?
 - What kind of help are you given and how often?
 - Describe any personal tasks that you must do differently now.
 - What personal grooming tasks take longer now? How much longer?
2. Describe and give examples of any of the following activities that give you difficulty.
 - Bathing/showering
 - Grooming (shaving, applying make-up, styling hair)
 - Dressing
 - Eating
 - Brushing your teeth
 - Toileting
 - Taking medication
 - How often do you experience difficulty with each?
 - Tell if the difficulty is mild, moderate, or severe.
 - Describe any procedural adaptations or assistive devices you use to perform these activities.
 - Sleeping
 - How many hours do you sleep?
 - Do you require rest periods during the day?
 - How long is a typical nap?
 - Where do you nap? (bed, couch, chair, recliner)
 - What happens if you're unable to nap?

PERSONAL BUSINESS

1. Describe any difficulties you have with the following tasks. Detail any changes you have made in the way you accomplish each one compared to the way you did when your health was not an issue.
 - Using the phone
 - Shopping
 - Do you do ANY shopping? What kind, how often?
 - If you require assistance, describe the help you receive.
 - Are your trips of shorter duration than before?
 - Are you able to shop at malls?
 - Do you shop online or by catalog because of your condition?
2. Getting places
 - How far from your home is the nearest place you go on a regular basis? How far is the farthest place you go to on a regular basis?
 - How do you usually travel when you go out? (drive, walk, ride the bus, take a cab, ride with friends)
 - Do you need help to go out? What kind of help?
 - Do you drive?
 - Do you use manual, automatic, or hand controls on your vehicle?
 - If you no longer drive, tell when and why you stopped.
 - Are there any restrictions on your driver's license?
 - How far can you drive at one time?
 - Do you have a disabled placard?
 - Do you have difficulty traveling by bus, boat, train, or plane?
 - What happens to you when you travel this way?
3. Making appointments on time
4. Maintaining financial records
 - Who handles the money for your household? If it is you, list the responsibilities.

HOME CARE

1. Where do you live and with whom?
 - Do you care for others in your household? (children, adults, pets)
 - Describe what you do for them and how these activities affect you.
2. Describe what things you do on a typical day and how these activities make you feel.
 - How much time do you spend in each activity?
 - How long can you continue until you have to stop?
 - What stops you?
3. Describe any stairs inside/outside your home.
 - How often do you use these stairs each day?
 - Describe the way you must climb them.
4. Tell what/why you have changed anything in your home (removed carpet, mounted grab bars, rearranged furniture, etc.) to accommodate your condition.
5. Do you prepare your own meals?
 - How many days a month do you prepare breakfast/lunch/dinner?
 - For how many people?
 - Describe the extent of preparation, cooking, serving, cleanup you do for the meals you prepare.
 - What help do others provide?
 - Do you use shortcuts like frozen or packaged meal “kits,” purchased bakery items, salads in a bag, etc.?
 - Do you regularly cook extra amounts to freeze/reheat on your bad days?
 - Do you need to take rest breaks or sit down while you chop veggies or do other kitchen prep?
6. Do you do the housework where you live? Do you do yard work?
 - What types and how often do you do these chores and/or do you need assistance in doing them?
 - What chores do other people do around your home?

- What home-care tasks don't get done because of your health?
- Are there tasks you used to do but can no longer perform?
- What makes these tasks too difficult for you now?

TYPICAL MONTH

1. In a typical month, how many *good*, *fair*, and *bad* days do you experience?
 - Give examples of how *fair* and *bad* days differ from *good* days.
2. What causes you to function worse on *fair* and *bad* days?
3. How many days a month does your health keep you at home?
4. Are you functioning better, worse, or about the same as a year ago?

HOBBIES AND RECREATION

1. Describe any hobbies or recreation you now enjoy.
 - How often do you engage in these activities?
 - How much time do you spend at each activity in a typical month?
2. Describe any hobbies or recreational activities you once enjoyed but are no longer able to enjoy because of your health.
 - What keeps you from pursuing these activities now?
3. Do you watch TV? Listen to the radio? Read?
 - How many hours a day?
 - What types of things do you watch/listen to/read?
4. Do you go out to visit friends or relatives?
 - How often do you go out?
 - How long at a time?
 - Where do you get together with others?
 - What do you do when you are together?

SOCIAL ACTIVITIES

1. Are you active in clubs or other social activities? Describe them.
 - How often do you do these activities?
 - What do you do?
 - How long do you spend in these activities?
 - What type of places do you go to participate?

2. Tell about your social contacts.
 - Tell how each has changed because of the MS in relation to frequency of participation, duration of events, etc.
 - List any activities you have given up because of your MS and tell why you no longer pursue them.
 - Has MS changed the way you entertain at home?