

Date of surgery: \_\_\_\_\_ (today's date) ( ) ( ) ( )

Pain meds / dosage \_\_\_\_\_

Don shoes/sox \_\_\_\_\_

Sleep comfortably \_\_\_\_\_

Stand up from a chair \_\_\_\_\_

Full revolution on the bike \_\_\_\_\_

Enter / exit car \_\_\_\_\_

Stand on 1 leg for 20 sec. \_\_\_\_\_

Drive (no pain meds) \_\_\_\_\_

Climb up stairs \_\_\_\_\_

    Down stairs \_\_\_\_\_

    # of flights \_\_\_\_\_

Walk w/ a cane \_\_\_\_\_

    W/o Cane \_\_\_\_\_

Walk ¼ mile \_\_\_\_\_

    ½ mile \_\_\_\_\_

    ¾ mile \_\_\_\_\_

    1 mile \_\_\_\_\_

Recreational activities \_\_\_\_\_