2000	No Effect	Mild Effect	Moderate Effect	Severe Effect	2 O O fisher	No Effect	Mild Effect	Moderate Effect	Severe Effect	Patient name
Sitting —		- 0-	- 0-	 0	Grocery shopping ————		- 0-	- 0-	- 0	Here than 1831
Rising out of chair ————		_0_			Household chores -	<u> </u>	- 0-		_0	and the second second
Standing —	 0-	- 0-	- 0-	- 0	Lifting objects		_0	- 0-	<u></u>	N SOF GREAT
Walking —		- 0-		_0	Reaching overhead -		-0-		-0	197744 17454
Lying down	 0-	_0_	_0_		Showering or bathing ———	o_	_0_	- 0-	_0	all being allertails, homocon-
Bending over	 0-	- 0-	- 0-		Dressing myself —		_	-0-	-0	to an area of a supply to success
Climbing stairs —————		-0-	_0_	 O	Love life —————	o_	-0-	_0_	_0	i i. Rigedadg. Took the Unearth rest tes
Using a computer ————		-0-	-0-	0	Getting to sleep	0-	- 0-	- 0-		9001 871
Getting in/out of car-	o_	-0-	-О -		Staying asleep————	 0-	-0-	0	_0	
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Caring for family				-0	Yard work —					10/02/04/04
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What is the major stresso	er in your life:	<u></u>			23. How much sleep do	you averag	e per nigh		_ Hours	verplig7 Q Q
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Describe your typical eatin	g habits: O	Skip break	fast OTv	vo meals a d	ay O Three meals a day O Snac	king between	meals			O C Herr district
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What would be the most s	significant this	ng that yo	u could d	o to improv	ve your health?	•				O O PYPONE
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