

Activity Restrictions Question Sheet

Here are some questions you may want to ask your health-care provider:

Activity Level

Should I limit my activities outside the home? How?

How long do I need to lie down each day? Is it OK to lie on my side or on my back, propped up?

May I use the bathroom normally or do I need to use a bedpan?

Can I walk upstairs? How many times a day?

Will I be able to return to normal activities at some point? When?

Can I walk or swim? Ask about other recreational activities you enjoy.

Household Chores

Can I continue doing housework?

What about:

- | | |
|---|--|
| <input type="checkbox"/> laundry | <input type="checkbox"/> preparing meals |
| <input type="checkbox"/> moving furniture/lifting | <input type="checkbox"/> standing for long periods |
| <input type="checkbox"/> vigorous scrubbing | |

Child Care

Can I care for my children as usual or do I need another caregiver present all the time?

Can I lift my children?

Work

Should I:

- | | |
|---|---|
| <input type="checkbox"/> maintain full-time job | <input type="checkbox"/> work at home (__ hours) |
| <input type="checkbox"/> work part-time (__ hours) | <input type="checkbox"/> stop work completely |

Sexual Relations

Can we continue our normal sexual intercourse or should we:

- | | |
|--|--|
| <input type="checkbox"/> have sexual intercourse using condoms | <input type="checkbox"/> avoid breast stimulation |
| <input type="checkbox"/> avoid sexual intercourse | <input type="checkbox"/> abstain from any sexual relations |

Are there other do's and don'ts I should know about?