

Return this form to:

# Activities of Normal Life (OCF-12)

<b>DO NOT WRITE HERE</b>	Claim Number
	Policy Number

Use this form for accidents that occur on or after January 1, 1994. This form must be completed by the applicant. If the applicant is unable to do so, a guardian or family member may assist. The information collected in this form will help your insurance company determine the services you may need as a result of the accident, and any other accident benefits that you are entitled to receive. **Please print clearly.**

## Part 1 Applicant Information

Last Name		First Name and Initial					
Address							
City				Province		Postal Code	
Home Telephone	Area Code	Date of Accident	year	month	day	<input checked="" type="checkbox"/> Check one	<input type="checkbox"/> Initial <input type="checkbox"/> Follow-up

## Part 2 Description of Home

<b>Type of Home</b>							
<input type="checkbox"/> House	<input type="checkbox"/> Condominium	<input type="checkbox"/> Other (Specify)	Number of residents	_____	Number of floors	_____	
<input type="checkbox"/> Apartment	<input type="checkbox"/> Townhouse		Size of lot	_____	Number of stairs	_____	

## Part 3 Physical Activities

Please go through the list of activities and use a  to indicate your usual activities before and after the accident. Describe any limitations.

	Task	Before Accident			After Accident			Limitations (Briefly explain)	
		Can Do All	Partially	With Help	Can Not Do	Can Do All	Partially		With Help
<b>Personal Care</b>	Bathing								
	Grooming								
	Dressing/Undressing								
	Toileting								
	Other								
<b>Mobility</b>	Walking								
	Climbing Stairs								
	Driving								
	Riding in Car								
	Public Transportation								
	Sitting								
	Standing								
	Other								

**Part 3  
Physical  
Activities  
(cont'd)**

	Task	Before Accident				After Accident				Limitations (Briefly explain)
		Can Do		Can Not		Can Do		Can Not		
		All	Partially	With Help	Do	All	Partially	With Help	Do	
<b>Shopping</b>	Groceries									
	Other									
<b>Meals</b>	Meal Preparation									
	Cooking									
	Washing Dishes									
<b>Cleaning</b>	Sweeping									
	Dusting									
	Vacuuming									
	Bedmaking									
	Bathrooms									
	Washing Floors									
	Oven									
	Refrigerator									
	Garbage Removal									
	Other									
<b>Laundry</b>	Washing/Drying									
	Ironing									
	Sewing									
<b>Home Maintenance Activities</b>	Grass Cutting									
	Gardening									
	Snow Shovelling									
	Other									

**Part 4  
Other  
Abilities**

	Task	Before Accident				After Accident				Limitations (Briefly explain)
		Can Do		Can Not		Can Do		Can Not		
		All	Partially	With Help	Do	All	Partially	With Help	Do	
<b>Cognitive Activities</b>	Balancing a Bank Book									
	Keeping Appointments									
	Remembering to do Errands									
	Reading and Remembering What You Have Read									
	Following a Movie or TV Show									
	Planning and Organizing Meals or Shopping									
	Remembering and Following Directions									
	Prioritizing Activities									
	Other									

**Part 4  
Other  
Abilities  
(cont'd)**

	Task	Before Accident				After Accident				Limitations (briefly explain)
		Can Do		Can Not Do		Can Do		Can Not Do		
		All	Partially	With Help	Do	All	Partially	With Help	Do	
<b>Controlling Emotion/ Behavior</b>	Driving/Riding									
	Relating to Others Without Irritability or Temper									
	Participating in Social Activities									
	Other									
<b>Communication</b>	Keeping Track of Conversation									
	Finding Words to Express Your Thoughts									
	Writing So Others understand									
	Other									

**Part 5  
Other  
Information**

Please describe any other activities you normally did before the accident that you are no longer able to do.

additional sheets attached

**Part 6  
Signature**

I certify that the information provided is true and correct. I realize that it is against the law to knowingly make a false or exaggerated claim to obtain benefits I am not entitled to receive.

Signature of Applicant, Parent or Guardian

Date:	year	month	day
	_ _	_	_