

Patient Name: _____ Date: _____

Duties Under Duress

Are there day to day living duties which are painful or difficult for you to perform as a result of the injuries you sustained in the motor vehicle collision?

Include those duties/responsibilities which require that you reduce the time you are capable of performing them. Include all instances where you have received lifting, stretching, bending, sitting, standing, walking or other restrictions which affect your performance.

Work

(Performance while experiencing any symptom would be an acceptable reason)

Reason for the difficulty _____

Duration _____

Studies/School

(Performance while experiencing any symptom would be an acceptable reason)

Reason for the difficulty _____

Duration _____

Domestic Duties

Examples (list all)	Reason for the difficulty	Duration
Vacuuming		
Taking care of children		
Dishes/dusting/laundry		
Preparing meals		
Other domestic duties		

(Performance while experiencing any symptom would be an acceptable reason)

Household Duties

Examples (list all)	Reason for the difficulty	Duration
Mowing/yard work		
Transporting family		
shopping		
Taking out trash		
Outer household duties		

(Performance while experiencing any symptom would be an acceptable reason)

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Loss of Enjoyment

Are there areas of your life which you normally would be enjoying, but are currently not enjoying, as a result of the motor vehicle collision?

Include all areas which you have had to reduce the time you are capable of experiencing them. Include all instances where you have received lifting, stretching, bending, sitting, standing, walking or other restrictions which affect your participation in any of the following areas.

Work

(Performance while experiencing any symptom would be an acceptable reason)

Reason for the difficulty _____

Duration _____

Studies/School

(Performance while experiencing any symptom would be an acceptable reason)

Reason for the difficulty _____

Duration _____

Hobbies of any kind (example: card playing, jogging, knitting, dancing, socializing, entertainment, vacations, etc. DO NOT INCLUDE SPORTS)

Reason for the difficulty _____

Duration _____

Examples (list all)	Reason for the difficulty	Duration
vacuuming		
Picking up the children		
dusting		
Making dinner		
Other domestic responsibilities		

(Reduction of participation or time associated with this activity while experiencing any symptom would be an acceptable reason)

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Domestic Duties

Examples (list all)	Reason for the difficulty	Duration
Mowing/yard work		
Transporting family shopping		
Taking out trash		
Other outside responsibilities		

(Reduction of participation or time associated with this activity while experiencing any symptom would be an acceptable reason)

Household Duties

(Reduction of participation or time associated with this activity while experiencing any symptom would be an acceptable reason)

Examples (list all)	Reason for the difficulty	Duration
vacuuming		
Picking up the children		
dusting		
Making dinner		
Other domestic responsibilities		

tom would be an acceptable reason)

Sports

(Reduction of participation or time associated with this activity while experiencing any symptom would be an acceptable reason)

Examples (list all)	Reason for the difficulty	Duration
social		
competitive		
regional		
Other outside responsibility		

tom would be an acceptable reason)