Damages Overview Questionnaire

How do you feel when you are at your worst?

Injuries, Impairment, & Damages

Describe in your own words the injuries sustained as a result of the incident - begin at the top of your head and work down to your feet: _____

Symptoms

Which of the following do you suffer from **now**, which you did not prior to the incident:

___ Headaches
___ Neck pain
___ Upper back pain
___ Mid-back pain
___ Lower back pain
___ Shoulder pain R L
___ Elbow pain R L
___ Knee pain R L
___ Wrist pain R L
___ Ankle pain R L
___ Hand pain R L
___ Numbness R L
Where? _____
_____
___ Tingling R L
Where? _____
_____
___ Weakness R L
Where? _____
_____
___ Shooting pain R L
Where? _____
_____
___ Noise intolerance

___ Blackout at scene
___ Blackouts
___ Dizziness
___ Long term memory loss
___ Short term memory loss
___ Impaired comprehension
___ Speech impairment
___ Difficulty concentrating
___ Missing periods of time
___ Forgetting numbers
___ Reading problems
___ Typing problems
___ Writing problems
___ Blurred vision
___ Loss of balance
___ Loss of coordination
___ Nausea
___ Vomiting
___ Ringing in the ears
___ Hearing loss
___ Sensitivity to light

___ Jaw pain
___ Flashbacks to accident
___ Anxiety
___ Unusual behavior
___ Apathy
___ Irritability
___ Emotional difficulties
___ Depression
___ Nightmares
___ Social withdrawal
___ Panic attacks
___ Weight loss / gain
Amount: _____
___ Menstrual irregularities
___ Fatigue
___ Sleep disturbances
___ Loss of libido
___ Relationship difficulties
___ Extreme thirst
___ Loss of taste or smell
___ Vision changes

Other symptoms or complaints not listed above: _____
_____

Are your symptoms improving or getting worse? _____

What do you do to feel better, e.g., rest, medication, treatment? _____
_____

What makes your pain feel worse? _____
_____
_____
_____
_____
_____

Activities

Rate all activities that are **now** impaired that were not impaired before the incident (1: Can do without difficulty; 2: Can do with some difficulty; 3: Can do with great difficulty; 4: Cannot do):

Daily activities

___	Bathing/showering	___	Church events	___	Sweeping
___	Brushing teeth	___	Watching TV	___	Laundry
___	Dressing	___	Reading	___	Ironing
___	Shaving	___	Writing	___	Washing dishes
___	Sleeping	___	Typing	___	Interior painting
___	Eating	___	Computer work	___	Decorating
___	Driving car	___	Using telephone	___	Exterior painting
___	Standing	___	Traveling	___	Gardening
___	Sitting	___	Social events	___	Trimming bushes
___	Bending	___	Sexual relations	___	Mowing lawn
___	Lifting	___	Child care	___	Yard work
___	Moving	___	Cooking	___	Landscaping
___	Shopping	___	Housecleaning	___	Farm activities
___	Dining out	___	Vacuuming	___	Home maintenance
___	Movie-going	___	Dusting	___	Car washing

What activities not listed above cause you pain or are **now** impaired that were not impaired before the incident? _____

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Hobby activities

___ Aerobic exercise	___ Fishing	___ Mountain climbing
___ Archery	___ Flying	___ Playing music
___ Backpacking	___ Football	___ Photography
___ Bowling	___ Gardening	___ Racquetball
___ Badminton	___ Golf	___ Rafting
___ Baseball	___ Gymnastics	___ Running
___ Basketball	___ Hockey	___ Sailing
___ Basketry	___ Hunting	___ Sewing
___ Bicycling	___ Horseback riding	___ Skiing
___ Boxing	___ Ice skating	___ Swimming
___ Card playing	___ Jogging	___ Volleyball
___ Camping	___ Knitting	___ Walking
___ Dancing	___ Martial Arts	___ Water sports
		___ Weight lifting

What activities not listed above cause you pain or are **now** impaired that were not impaired before the incident? _____

_____

_____

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Additional notes

Every person is unique, every injury is unique, and the effects of every unique injury on every unique person's quality of life are different. What other important information can you think of to understand how your injuries are affecting your quality of life – AT YOUR WORST?