Loss of Enjoyment of Sports, Hobbies, Travel, Daily activities, & School (1 of 2 pages)

Patient's name___________________________ Date of Injury_______________ Today's date____________

☐ Initial ☐ Update

Please check all that apply to your EXERCISE & SPORTS Activity because of the accident

☐ My exercise was affected by this crash	☐ I have gained______ pounds since the accident
☐ I go to the gym & work out in pain	☐ I had to quit my _______ team after the accident
☐ I no longer go to the gym to work out	☐ I had to quit my _______team after the accident
☐ I run but in pain	☐ I had to quit my _______team after the accident
☐ I no longer run	☐ I had to quit my _______team after the accident
☐ I take walks & have pain while walking	☐ I don't enjoy the sport of ___________anymore
☐ I no longer take walks	☐ I didn't enjoy the sport of ______for ____weeks
☐ I used to make income at sports	☐ I don't enjoy the sport of ___________anymore
☐ I have lost sports income since crash	☐ I didn't enjoy the sport of ______for ____weeks
☐ I am an amateur athlete	☐ I don't enjoy the sport of ___________anymore
☐ I am a professional athlete	☐ I didn't enjoy the sport of ______for ____weeks
☐ ____________________________________	☐ I don't enjoy the sport of ___________anymore
☐ ____________________________________	☐ I didn't enjoy the sport of ______for ____weeks

Please check all that apply to your HOBBY Activities because of the accident

☐ My hobbies were affected by accident	☐ Hobby #3______________________________
☐ Hobby #1_____________________________	☐ I can't do hobby #3 anymore
☐ I can't do hobby #1 anymore	☐ I do hobby #3 but in pain
☐ I do hobby #1 but in pain	☐ I have lost money from not doing #3
☐ I have lost money from not doing #1	☐ I didn't do hobby #3 for ______ weeks
☐ I didn't do hobby #1 for ______ weeks	☐ Hobby #4______________________________
☐ Hobby #2______________________________	☐ I can't do hobby #4 anymore
☐ I can't do hobby #2 anymore	☐ I do hobby #4 but in pain
☐ I do hobby #2 but in pain	☐ I have lost money from not doing #4
☐ I have lost money from not doing #2	☐ I didn't do hobby #4 for ______ weeks
☐ I didn't do hobby #2 for ______ weeks	☐ ____

Please check all that apply to your TRAVEL Activities because of the accident

☐ Business travel was affected by crash	☐ Travel Plan #1
☐ Pleasure travel was affected by crash	☐ I did not go on travel plan #1
☐ I hurt driving in my own car	☐ I went, but did not enjoy #1 as much
☐ I am in too much pain to drive	☐ I went and the accident had no effect on #1
☐ I hurt when a passenger in a car	☐ Travel Plan #2
☐ I am in too much pain to sit in a car	☐ I did not go on travel plan #2
☐ I have anxiety when I'm in a car	☐ I went, but did not enjoy #2 as much
☐ I hurt when I'm on an airplane	☐ I went and the accident had no effect on #2
☐ I am in too much pain too much pain to travel by plane	☐ I missed time with my family/friends b/c can't travel

Loss of Enjoyment of Sports, Hobbies, Travel, Daily activities, & School (2 of 2 pages)

Patient's name____________________________ Date of Injury_______________ Today's date____________

☐ Initial ☐ Update

Please check all the DAILY LIVING activities that cause you pain because of the accident

☐ Dressing
☐ Putting on pants
☐ Putting on shoes
☐ Tying my shoes
☐ Putting on shirt
☐ Drying my hair
☐ Combing my hair
☐ Washing my hair
☐ Taking a shower
☐ Taking a bath
☐ Leaning forward
☐ Laying in bed
☐ Sitting in my favorite chair
☐ Sleeping
☐ Going out with my friends
☐ Sitting at a restaurant
☐ Shopping
☐ Driving to/from work
☐ Sitting in Church
☐ Playing with my children
☐ Caring for my children
☐ Bending in a movie theatre
☐ Sitting in a movie theatre
☐ Exercise
☐ Eating
☐ Stooping
☐ Squatting down
☐ Kneeling
☐ Brushing my teeth

☐ Riding in a car
☐ Opening a jar
☐ Lifting a pan when cooking
☐ Closing the trunk on my car
☐ Opening the garage door
☐ Using my home computer
☐ Climbing stairs
☐ Sexual activity
☐ Turning my head to left or right
☐ Holding my head up all day
☐ Watching TV
☐ I have pain sitting & doing nothing
☐ Talking on the phone
☐ Reading
☐ Writing
☐ Opening doors
☐ Drying with a towel after a bath or shower
☐ Life has become a chore just to do normal things
☐ It is depressing to live like this
☐ ____
☐ ____
☐ ____
☐ ____
☐ ____
☐ ____
☐ ____
☐ ____

Please check all that apply to your SCHOOL & EDUCATION Activities because of the accident

☐ School was affected by the accident
☐ I am a student at _________________________
☐ I am in the _____________________ year/grade
☐ I was ☐ full time ☐ part time
☐ I am now ☐ full time ☐ part time
☐ I had to take fewer classes b/c of crash
☐ I missed ________ days of school
☐ I had to drop out of school b/c of crash
☐ My grades are lower since the crash

☐ I have pain carrying my school books
☐ I hurt sitting in class more than _______ minutes
☐ My neck hurts when I look down to read
☐ I don't learn as quickly as before the crash
☐ I don't learn things as well as before the crash
☐ I have difficulty concentrating in class
☐ It takes much longer to study/do my homework
☐ ____
☐ ____

____________________________________ ______________________

Signature of Patient Date