

## **DUTIES UNDER DURESS**

Have you continued to do any of the following activities despite the pain caused by your accident?

### **WORK**

#### **Why have you continued to work?**

- I would lose my job if I took time off.
- I couldn't support my family otherwise.
- I don't believe in taking time off even when I am injured or in pain.
- My business would fail if I did not work.
- I cannot take time off, because I care for my own children.
- Other: \_\_\_\_\_

#### **I have experienced the following changes in my ability to perform at work:**

- Mobility/Stability Problems
  - Climbing
  - Kneeling
  - Lifting
  - Walking for Long Periods
- Dexterity Problems
  - Finger Movements
  - Wrist Movements
  - Problems with Fatigue
- Postural Difficulties
  - Bending
  - Sitting for Long Periods
  - Standing for Long Periods
  - Stooping
- Problems with Anxiety/Depression
- Problems with Vertigo or Spinning Sensations
  - Dizziness
  - Giddiness
  - Sensation of Irregular Motion
  - Sensation of Whirling Motion

- Problems with Tinnitus or Ringing in the Ears
- Problems with Reduced Concentration
  - Can't Concentrate
  - Can't Think Properly
  - Making Mistakes
  - Pain

Where? \_\_\_\_\_

**Duration of Symptoms**

- I experienced problems doing my normal work activities for \_\_\_\_\_ weeks.
- My doctors have instructed me that my inability to perform my normal pre-accident work activities without pain is a permanent condition.
- My problems in performing my normal work activities is ongoing, but my doctors have not instructed me that the conditions is permanent.

**HOUSEHOLD**

I have experienced problems with the following activities *outside* my home:

- Painting the Outside of the House
- Landscaping
- Mowing the Grass
- Trimming the Bushes/Trees
- Washing Windows
- Gardening
- Taking Out the Trash
- Washing the Cars
- Maintaining the Cars
- Maintaining Yard Equipment
- Doing Other External House Work; Specify: \_\_\_\_\_

**Duration of Symptoms**

- I experienced problems doing my normal household activities for \_\_\_\_\_ weeks.
- My doctors have instructed me that my inability to perform my normal pre-accident household activities without pain is a permanent condition.

- My problems in performing my normal household activities is ongoing, but my doctors have not instructed me that the conditions is permanent.

**DOMESTIC DUTIES**

I have experienced pain while performing the following activities *inside* my home, but have done them anyway:

- Laundry
- Dishwashing
- Vacuuming
- Washing Windows
- Cleaning
- Preparing Meals

Due to my injuries, I have brought in the following assistance:

- Paid Housekeeper
- Unpaid Assistance
- None

My family status would best be described as:

- Single
- Single Parent at Home
- Spouse Only
- Spouse and Children at Home

I have the following number of children:

- 0
- 1
- 2
- 3
- 4
- 5
- \_\_\_\_\_

The number of my children in the following age category is:

- Number of children 0 to 5 years: \_\_\_\_\_

- Number of children 5-11 years: \_\_\_\_\_
- Number of children older than 11: \_\_\_\_\_

Domestic Assistance

- I do receive domestic assistance
- I do not receive domestic assistance

**Duration of Symptoms**

- I have experienced problems doing my normal domestic activities for \_\_\_\_\_ weeks.
- My doctors have instructed me that my inability to perform my normal pre-accident domestic activities without pain is a permanent condition.
- My problems in performing my normal domestic activities is ongoing, but my doctors have not instructed me that the conditions is permanent.

**STUDIES/EDUCATIONAL DUTIES**

As a student I have experienced problems with one of the following activities since the collision:

- Carrying Books
- Sitting in Classes
- Looking Down to Read Textbooks
- Other: \_\_\_\_\_

I have also experienced the following changes in my ability to perform at school as a result of injuries sustained in my accident:

- Mobility/Stability Problems
  - Climbing
  - Kneeling
  - Lifting
  - Walking for Long Periods
- Dexterity Problems
  - Finger Movements
  - Wrist Movements
- Problems with Fatigue

- Postural Difficulties
  - Bending
  - Sitting for Long Periods
  - Standing for Long Periods
  - Stooping
- Problems with Anxiety/Depression
- Problems with Vertigo or Spinning Sensations
  - Dizziness
  - Giddiness
  - Sensation of Irregular Motion
  - Sensation of Whirling Motion
- Problems with Tinnitus or Ringing in the Ears
- Problems with Reduced Concentration
  - Can't Concentrate
  - Can't Think Properly
  - Making Mistakes
- Pain:
  - Where? \_\_\_\_\_

At the time of this collision, my education would best be described as:

- High School
- Apprenticeship Studies
- Technical College
- University
- Correspondence Course

My attendance before the collision is best described as:

- Full Time
- Part Time

**Duration of Symptoms**

- I have experienced problems doing my normal studies/educational activities for \_\_\_\_\_ weeks.

- My doctors have instructed me that my inability to perform my normal pre-accident studies/educational activities activities without pain is a permanent condition.
- My problems in performing my normal studies/educational activities activities is ongoing, but my doctors have not instructed me that the conditions is permanent.

---

Print Name (Patient)

---

Date

---

Patient Signature