

LOSS OF ENJOYMENT OF LIFE INDEX

This form is to determine whether you have lost the enjoyment of certain activities in your life, or lost status or skills in these activities as a result of your injuries from this accident.

Work Activities

- I have lost enjoyment in performing my job as a result of the injuries caused in this accident.
- My employment status at the time of the accident is best described as:
 - Full Time Employed
 - Part Time Employed
 - Casual Employee
 - Seasonal Employee
 - Not Employed

If your answer is Full Time, Part Time, or Casual Employee, which of the following categories best describes your work capacity since this accident:

- I Resumed My Same Job and Duties
- I Resumed My Same Job with Lighter Duties
- I Resumed Alternate Duties Within the Same Industry
- I Changed Industry
- I Have Not Resumed Work

The injuries from this accident have had the following effects on my work:

- I have lost status within the company.
- I have lost job security.
- I have lost promotional prospects.
- I have difficulty in performing my normal job duties.
- My quality of work is reduced since the accident.
- I am unable to perform my pre-accident job

Domestic Activities

- I have lost enjoyment in performing my domestic activities as a result of the injuries caused in this accident.
- I have experienced a loss of enjoyment with the following activities *inside* my home, since the accident:

- Laundry
- Dishwashing
- Vacuuming
- Washing Windows
- Cleaning
- Preparing Meals
- Other: _____

Household Activities

- I have lost enjoyment in performing my household activities, outside the home, as a result of the injuries caused in this accident.
- 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: _____

Studies/Educational Activities

- I have lost enjoyment in performing my educational activities as a result of the injuries caused in this accident.
 - I am no longer able to attend school.
 - I have dropped to part time.
 - My grades have dropped.
 - I have been forced to change schools due to the injuries.

Before the Accident, I was attending:

- High School

- College
- Other

Hobby Activities

- Apprenticeship Studies
- Technical College
- University; Specify _____
- Correspondence Course
- Graduate College/University; Specify College & Degree: _____

I am now attending:

- High School
- Apprenticeship Studies
- Technical College
- A Different University; Specify _____
- Correspondence Course

I have lost enjoyment in performing hobby activities as a result of the injuries caused in this accident.

Activity #1 _____

Prior to the Accident, I performed this activity at the following level:

- Informal and amateur
- Competitive
- Semi-Professional
- Professional

Prior to the accident:

- I did not make money with this hobby
- I make money with this hobby

I make \$ _____/month on average with this hobby, as reported to the IRS.

After this Accident, I performed this hobby activity at the following level:

- I can't perform the activity at all
- Informal and amateur
- Competitive

- Semi-Professional
- Professional

After this accident:

- I do not make money with this hobby
- I make money with this hobby

I make \$ _____/month on average with this hobby, as reported to the IRS.

Duration of Symptoms

- I did not enjoy this activity for _____ weeks.
- My doctors have instructed me that my inability to enjoy this activity without pain is a permanent condition.
- My problems in enjoying this activity is ongoing, but my doctors have not instructed me that the conditions is permanent.

Activity #2 _____

Prior to the Accident, I performed this activity at the following level:

- Informal and amateur
- Competitive
- Semi-Professional
- Professional

Prior to the accident:

- I did not make money with this hobby
- I made money with this hobby

I made \$ _____/month on average with this hobby, as reported to the IRS.

After this Accident, I performed this hobby activity at the following level:

- I can't perform the activity at all
- Informal and amateur
- Competitive
- Semi-Professional
- Professional

After this accident:

- I do not make money with this hobby

I make money with this hobby

I make \$ _____/month on average with this hobby, as reported to the IRS

Duration of Symptoms

I did not enjoy this activity for _____ weeks.

My doctors have instructed me that my inability to enjoy this activity without pain is a permanent condition.

My problems in enjoying this activity is ongoing, but my doctors have not instructed me that the conditions is permanent.

Activity #3 _____

Prior to the Accident, I performed this activity at the following level:

Informal and amateur

Competitive

Semi-Professional

Professional

Prior to the accident:

I did not make money with this hobby

I make money with this hobby

I make \$ _____/month on average with this hobby, as reported to the IRS.

After this Accident, I performed this hobby activity at the following level:

I can't perform the activity at all

Informal and amateur

Competitive

Semi-Professional

Professional

After this accident:

I do not make money with this hobby

I make money with this hobby

I make \$ _____/month on average with this hobby, as reported to the IRS.

Duration of Symptoms

- I did not enjoy this activity for _____ weeks.
- My doctors have instructed me that my inability to enjoy this activity without pain is a permanent condition.
- My problems in enjoying this activity is ongoing, but my doctors have not nstructed me that the conditions is permanent.

Activity #4 _____

Prior to the Accident, I performed this activity at the following level:

- Informal and amateur
- Competitive
- Semi-Professional
- Professional

Prior to the accident:

- I did not make money with this hobby
- I make money with this hobby

I make \$ _____/month on average with this hobby, as reported to the IRS.

After this Accident, I performed this hobby activity at the following level:

- I can't perform the activity at all
- Informal and amateur
- Competitive
- Semi-Professional
- Professional

After this accident:

- I do not make money with this hobby
- I make money with this hobby

I make \$ _____/month on average with this hobby, as reported to the IRS.

Duration of Symptoms

- I did not enjoy this activity for _____ weeks.

- My doctors have instructed me that my inability to enjoy this activity without pain is a permanent condition.
- My problems in enjoying this activity is ongoing, but my doctors have not instructed me that the conditions is permanent.

Sports Activity #1 _____

Prior to the Accident, I performed this sport at the following level:

- Informal/Social/Amateur
- Competitive
- Regionally Recognized
- Semi-Professional
- Professional

Prior to the accident:

- I did not make money with this sports activity
- I make money with this sports activity
I make \$ _____/month on average with this sports activity, as reported to the IRS.

After this Accident, I perform this activity at the following level:

- Informal/Social/Amateur
- Competitive
- Regionally Recognized
- Cannot Play the Original Sport
- Cannot Play Any Sports

After the accident:

- I do not make money with this sports activity
- I make money with this sports activity
I make \$ _____/month on average with this sportsactivity, as reported to the IRS.

Duration of Symptoms

- I did not enjoy this activity for _____ weeks.
- My doctors have instructed me that my inability to enjoy this activity without pain is a permanent condition.

- My problems in enjoying this activity is ongoing, but my doctors have not instructed me that the conditions is permanent.

Sports Activity #2 _____

Prior to the Accident, I performed this sport at the following level:

- Informal/Social/Amateur
- Competitive
- Regionally Recognized
- Semi-Professional
- Professional

Prior to the accident:

- I did not make money with this sports activity
- I make money with this sports activity
I make \$ _____/month on average with this sports activity, as reported to the IRS.

After this Accident, I perform this activity at the following level:

- Informal/Social/Amateur
- Competitive
- Regionally Recognized
- Cannot Play the Original Sport
- Cannot Play Any Sports

After the accident:

- I do not make money with this sports activity
- I make money with this sports activity
I make \$ _____/month on average with this sportsactivity, as reported to the IRS.

Duration of Symptoms

- I did not enjoy this activity for _____ weeks.
- My doctors have instructed me that my inability to enjoy this activity without pain is a permanent condition.
- My problems in enjoying this activity are ongoing, but my doctors have not instructed me that the conditions is permanent.

Traveling Activity #1 _____

Prior to the Accident, I performed this activity at the following level:

- Pleasure Travel
- Business Travel
- Yearly
- Seasonal

After this Accident, I altered this travel in the following way:

- I cancelled the travel plans
- I didn't make the normal travel plans
- I altered the travel plans due to the injury
- I went, but with an increased level of pain
- I went, but was impaired in my activities
- I went and had minimal trouble
- I went and had no trouble

Traveling Activity #2 _____

Prior to the Accident, I performed this activity at the following level:

- Pleasure Travel
- Business Travel
- Yearly
- Seasonal

After this Accident, I altered this travel in the following way:

- I cancelled the travel plans
- I didn't make the normal travel plans
- I altered the travel plans due to the injury
- I went, but with an increased level of pain
- I went, but was impaired in my activities
- I went and had minimal trouble
- I went and had no trouble

Traveling Activity #3 _____

Prior to the Accident, I performed this activity at the following level:

- Pleasure Travel
- Business Travel
- Yearly
- Seasonal

After this Accident, I altered this travel in the following way:

- I cancelled the travel plans
- I didn't make the normal travel plans
- I altered the travel plans due to the injury
- I went, but with an increased level of pain
- I went, but was impaired in my activities
- I went and had minimal trouble
- I went and had no trouble
- I have been unable to engage in any car travel since my accident, due to my injuries.
- I have been unable to engage in any plane travel since my accident, due to my injuries.
- I have been unable to engage in any train travel since my accident, due to my injuries.
- I have been unable to engage in any boat travel since my accident, due to my injuries.

Date and Print Name (Patient)

Patient Signature