

Patient's Name: _____

Date: _____

Duties Under Duress Summary

Complete the following summary as it relates to your living and work duties and how the injury(s) are affecting your performance. List the 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 Reason for the difficulty Duration

Job Description: _____

- | | | |
|--|----------------|-------|
| <input type="checkbox"/> Lifting | Increased Pain | _____ |
| <input type="checkbox"/> Bending | Increased Pain | _____ |
| <input type="checkbox"/> Sitting | Increased Pain | _____ |
| <input type="checkbox"/> Walking | Increased Pain | _____ |
| <input type="checkbox"/> Computer Duties | Increased Pain | _____ |
| Other: _____ | Increased Pain | _____ |

Studies/School Reason for the difficulty Duration

- | | | |
|--|----------------|-------|
| <input type="checkbox"/> Lifting | Increased Pain | _____ |
| <input type="checkbox"/> Bending | Increased Pain | _____ |
| <input type="checkbox"/> Sitting | Increased Pain | _____ |
| <input type="checkbox"/> Walking | Increased Pain | _____ |
| <input type="checkbox"/> Computer Duties | Increased Pain | _____ |
| <input type="checkbox"/> Studying | Increased Pain | _____ |
| Other: _____ | Increased Pain | _____ |

Domestic Duties Reason for the difficulty Duration

- | | | |
|--|-------------------|-------|
| <input type="checkbox"/> Vacuuming | Increased Pain | _____ |
| <input type="checkbox"/> Taking Care of Kids | Increased Anxiety | _____ |
| <input type="checkbox"/> Cleaning | Increased Pain | _____ |
| <input type="checkbox"/> Preparing Meals | Increased Pain | _____ |
| Other: _____ | Increased Pain | _____ |

Household Duties Reason for the difficulty Duration

- | | | |
|---|-------------------|-------|
| <input type="checkbox"/> Yardwork | Increased Pain | _____ |
| <input type="checkbox"/> Transportation | Increased Anxiety | _____ |
| <input type="checkbox"/> Shopping | Increased Pain | _____ |
| <input type="checkbox"/> Taking Out Trash | Increased Pain | _____ |

Patient's Name: _____

Date: _____

Other: _____ Increased Pain

Loss of Enjoyment Summary

Complete the following summary as it relates to your lifestyle, work environment and activities 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	Reason for the difficulty	Duration
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Job Description: _____

- | | | |
|--|----------------|-------|
| <input type="checkbox"/> Lifting | Increased Pain | _____ |
| <input type="checkbox"/> Bending | Increased Pain | _____ |
| <input type="checkbox"/> Sitting | Increased Pain | _____ |
| <input type="checkbox"/> Walking | Increased Pain | _____ |
| <input type="checkbox"/> Computer Duties | Increased Pain | _____ |
| Other: _____ | Increased Pain | _____ |

Studies/School	Reason for the difficulty	Duration
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- | | | |
|--|----------------|-------|
| <input type="checkbox"/> Lifting | Increased Pain | _____ |
| <input type="checkbox"/> Bending | Increased Pain | _____ |
| <input type="checkbox"/> Sitting | Increased Pain | _____ |
| <input type="checkbox"/> Walking | Increased Pain | _____ |
| <input type="checkbox"/> Computer Duties | Increased Pain | _____ |
| <input type="checkbox"/> Studying | Increased Pain | _____ |
| Other: _____ | Increased Pain | _____ |

Patient's Name: _____

Date: _____

Loss of Enjoyment

Domestic Duties	Reason for the difficulty	Duration
<input type="checkbox"/> Vacuuming	Increased Pain	_____
<input type="checkbox"/> Taking Care of Kids	Increased Anxiety	_____
<input type="checkbox"/> Cleaning	Increased Pain	_____
<input type="checkbox"/> Preparing Meals	Increased Pain	_____
Other: _____	Increased Pain	_____

Household Duties	Reason for the difficulty	Duration
<input type="checkbox"/> Yardwork	Increased Pain	_____
<input type="checkbox"/> Transportation	Increased Anxiety	_____
<input type="checkbox"/> Shopping	Increased Pain	_____
<input type="checkbox"/> Taking Out Trash	Increased Pain	_____
Other: _____	Increased Pain	_____

Sports	Reason for the difficulty	Duration
<input type="checkbox"/> Social	_____	_____
<input type="checkbox"/> Competitive	_____	_____
<input type="checkbox"/> Regional	_____	_____
Other:	_____	_____