

Duties Performed Under Duress at Work and Home

Patient _____ Date _____ Date of Injury _____

Initial Update

Please check all that apply to your WORK because of the accident.

- | | |
|---|--|
| <input type="checkbox"/> I go to work but work in pain
<input type="checkbox"/> I limit my work activities
<input type="checkbox"/> Bending at work hurts
<input type="checkbox"/> Stooping at work hurts
<input type="checkbox"/> Sitting at work hurts
<input type="checkbox"/> Using the Computer at work hurts
<input type="checkbox"/> Pushing at work hurts
<input type="checkbox"/> Pulling at work hurts
<input type="checkbox"/> Kneeling at work hurts
<input type="checkbox"/> I have lost status in my company
<input type="checkbox"/> I have lost job security
<input type="checkbox"/> I didn't get a promotion
<input type="checkbox"/> I don't enjoy work as much as before
<input type="checkbox"/> I doze off at work
<input type="checkbox"/> I take unpaid time off work to go to Dr.
<input type="checkbox"/> I daydream at work more than before
<input type="checkbox"/> I feel tired at work
<input type="checkbox"/> _____
<input type="checkbox"/> _____ | <input type="checkbox"/> I work in pain because I have bills to pay
<input type="checkbox"/> I can't take time off because I would lose my job
<input type="checkbox"/> I keep working so I don't lose status at company
<input type="checkbox"/> My business would fail if I took time off
<input type="checkbox"/> I believe in working even when I'm in pain
<input type="checkbox"/> I feel obligated to work even though I'm in pain
<input type="checkbox"/> My business would lose money if I took time off
<input type="checkbox"/> My work is not as good as it was before accident
<input type="checkbox"/> My boss reprimanded me for poor performance
<input type="checkbox"/> I got a different job within the same company
<input type="checkbox"/> I got a different job in another company
<input type="checkbox"/> I make less money than before the accident
<input type="checkbox"/> I cannot do the same work/job as before accident
<input type="checkbox"/> I can't concentrate as well at work
<input type="checkbox"/> I take paid time off to go to Dr.
<input type="checkbox"/> I make mistakes at work I didn't used to
<input type="checkbox"/> I hide my poor work performance from my boss
<input type="checkbox"/> _____
<input type="checkbox"/> _____ |
|---|--|

Please check all that apply to your HOME/DOMESTIC duties because of the accident.

- | | |
|---|--|
| <input type="checkbox"/> My house is not as clean now
<input type="checkbox"/> My yard is not as neat now
<input type="checkbox"/> My garden is not as productive now
<input type="checkbox"/> I do yard work, but do it in pain
<input type="checkbox"/> I cannot do my normal yard work
<input type="checkbox"/> I do house work, but do it in pain
<input type="checkbox"/> I cannot do my normal house work
<input type="checkbox"/> Doing laundry hurts me
<input type="checkbox"/> I cannot do laundry now
<input type="checkbox"/> Washing dishes hurts me
<input type="checkbox"/> I cannot wash dishes now
<input type="checkbox"/> Vacuuming hurts me
<input type="checkbox"/> I cannot vacuum now
<input type="checkbox"/> Cooking hurts me
<input type="checkbox"/> I cannot cook now
<input type="checkbox"/> Washing the car hurts me
<input type="checkbox"/> I cannot wash my car
<input type="checkbox"/> _____
<input type="checkbox"/> _____ | <input type="checkbox"/> I cannot take time off because I care for children
<input type="checkbox"/> I have _____ children ages _____
<input type="checkbox"/> I had to hire a paid housekeeper
<input type="checkbox"/> I asked someone for unpaid housekeeping help
<input type="checkbox"/> I had to hire a paid gardener
<input type="checkbox"/> I asked someone for unpaid yard work help
<input type="checkbox"/> Mowing the lawn hurts me
<input type="checkbox"/> I cannot mow the lawn
<input type="checkbox"/> Taking out the trash hurts me
<input type="checkbox"/> I cannot take out the trash
<input type="checkbox"/> I do not enjoy my gardening/yardwork like I used to
<input type="checkbox"/> I do not enjoy my housework like I used to
<input type="checkbox"/> Gardening hurts me
<input type="checkbox"/> I cannot do my gardening at all since the accident
<input type="checkbox"/> Others living with me do my share of the work now
<input type="checkbox"/> Others living with me do my share of the yard work
<input type="checkbox"/> Others living with me do my share of the gardening
<input type="checkbox"/> _____
<input type="checkbox"/> _____ |
|---|--|

Signature

Date