

**Work Injury Questionnaire**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Time of Accident: \_\_\_\_\_

Name of employer at time of accident: \_\_\_\_\_

Length of time worked there prior to accident: \_\_\_\_\_

Type of work being performed at time of accident: \_\_\_\_\_

In your own words, please describe the accident: \_\_\_\_\_

- |     |    |   |
|-----|----|---|
| Yes | No | Have you been treated by another doctor for this accident?            |
| Yes | No | Are you taking any medications?                                       |
| Yes | No | Do these medications help?  |
| Yes | No | Have you had any physical therapy?                                    |
| Yes | No | Before the accident, have you ever had any of the physical problems   |
| Yes | No | similar to those you have now?  |
| Yes | No | Were these similar complaints the results of a previous accident(s)?  |
| Yes | No | Have you had any other serious accidents which required medical care? |
| Yes | No | Have you had any serious illnesses that required hospitalization?     |
| Yes | No | Have you ever had any surgery?  |
| Yes | No | Have you had any nervous or mental illnesses?                         |
| Yes | No | Have you had psychiatric care?  |

Job Description: in terms of an 8-hour workday, "occasionally" means less than 33%, "frequently" means 34% to 66%, and "continuously" means 67% to 100% of the day - circle one:

On the job, I perform the following activities:	Not at all	Occasionally	Frequently	Continuously
Bend / stoop	0%	1 - 33%	34 - 66%	67 - 100%
Squat	0%	1 - 33%	34 - 66%	67 - 100%
Crawl	0%	1 - 33%	34 - 66%	67 - 100%
Reach above	0%	1 - 33%	34 - 66%	67 - 100%
Reach at shoulder level	0%	1 - 33%	34 - 66%	67 - 100%
Crouch	0%	1 - 33%	34 - 66%	67 - 100%
Kneel	0%	1 - 33%	34 - 66%	67 - 100%
Balancing	0%	1 - 33%	34 - 66%	67 - 100%
Pushing / Pulling	0%	1 - 33%	34 - 66%	67 - 100%

On the job, I lift:	Not at all	Occasionally	Frequently	Continuously
Up to 10 pounds	0%	1 - 33%	34 - 66%	67 - 100%
11 to 24 pounds	0%	1 - 33%	34 - 66%	67 - 100%
25 to 34 pounds	0%	1 - 33%	34 - 66%	67 - 100%
35 to 50 pounds	0%	1 - 33%	34 - 66%	67 - 100%
51 to 74 pounds	0%	1 - 33%	34 - 66%	67 - 100%
75 to 100 pounds	0%	1 - 33%	34 - 66%	67 - 100%

- |  |                 |    |                   |    |
|--|-----------------|----|-------------------|----|
| Do you have to bend over while doing any lifting:                                | Yes             | No |                   |    |
| Are your feet used for repetitive movements, such as in operating foot controls? |                 |    | Yes               | No |
| Do you use your hands for repetitive actions, such as:                           |                 |    |                   |    |
|  | Simple Grasping |    | Firm Grasping     |    |
|  |                 |    | Fine Manipulating |    |
| Right Hand   | Yes             | No | Yes               | No |
| Left Hand  | Yes             | No | Yes               | No |