

Adult Personal Injury Questionnaire

Plaintiff's Name: _____ Plaintiff's Date of Birth: ____ / ____ / ____
(last, first, middle) month day year

Gender: _____ Race / Ethnicity: _____

Which of the following best describes your citizenship?

Natural Born (U.S.) Naturalized Other: _____

Is English the plaintiff's native language? Yes No

If no, please rate the level of English fluency: (please mark one)

Very well Well Not well Not at all

Highest grade completed / highest degree received: _____

Which of the following best describes your Marital Status: (please mark one)

Single Married Separated Divorced Widowed

Please provide the first name and date of birth of minor children or other dependents: _____

Date of the plaintiff's injury: ____ / ____ / ____
month day year

Occupation and Earnings History:

Here we are going to ask several questions about the plaintiff's employment and earnings history **prior to the incident**. There are questions and space for responses for up to three jobs/employers.

Job 1 prior to the incident, please provide the information requested.

Employer: _____ Occupation: _____

Hours worked per week: _____ Commute to work: _____ minutes

Annual income: Year: _____ Year: _____ Year: _____

Amount: _____ Amount: _____ Amount: _____

Following the incident, can the plaintiff continue working for this employer? Yes No

If no, last day working was ____ / ____ / ____ ; terminated on ____ / ____ / ____
month day year month day year

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Job 2 prior to the incident, please provide the information requested.

Employer: _____ Occupation: _____

Hours worked per week: _____ Commute to work: _____ minutes

Annual income: Year: _____ Year: _____ Year: _____

Amount: _____ Amount: _____ Amount: _____

Following the incident, can the plaintiff continue working for this employer? Yes ___ No ___

If no, last day working was ___ / ___ / ___ ; terminated on ___ / ___ / ___
month day year month day year

Job 3 prior to the incident, please provide the information requested.

Employer: _____ Occupation: _____

Hours worked per week: _____ Commute to work: _____ minutes

Annual income: Year: _____ Year: _____ Year: _____

Amount: _____ Amount: _____ Amount: _____

Following the incident, can the plaintiff continue working for this employer? Yes ___ No ___

If no, last day working was ___ / ___ / ___ ; terminated on ___ / ___ / ___
month day year month day year

Please provide a letter or employee manual from the plaintiff's employer(s) that includes documentation of the plaintiff's fringe benefits at the time of injury.

Can the plaintiff continue in the same occupation(s) with the injury? Yes ___ No ___ If no, when was the plaintiff's last day working (mm/dd/yyyy)? ___ / ___ / ___
month day year

Has the plaintiff returned to work since the date of the injury? Yes ___ No ___ If no, then please skip the next three question in this section.

Here we are going to ask several questions about the plaintiff's employment and earnings history **after the incident**. There are questions and space for responses for up to three jobs/employers.

Job 1 after to the incident, please provide the information requested.

Employer: _____ Occupation: _____

Date employment: ___ / ___ / ___
Month day year

Hours worked per week: _____ Commute to work: _____ minutes

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Annual income: Year: _____ Year: _____ Year: _____
Amount: _____ Amount: _____ Amount: _____

Job 2 after to the incident, please provide the information requested.

Employer: _____ Occupation: _____

Date employment: ____ / ____ / ____
Month day year

Hours worked per week: _____ Commute to work: _____ minutes

Annual income: Year: _____ Year: _____ Year: _____
Amount: _____ Amount: _____ Amount: _____

Job 3 after to the incident, please provide the information requested.

Employer: _____ Occupation: _____

Date employment: ____ / ____ / ____
Month day year

Hours worked per week: _____ Commute to work: _____ minutes

Annual income: Year: _____ Year: _____ Year: _____
Amount: _____ Amount: _____ Amount: _____

Please provide a letter or employee manual from the plaintiff's current employer(s) that includes documentation of the plaintiff's fringe benefits, if the plaintiff's current employer is different from his/her employer at the time of the injury.

Nature of Disability

Does the injury prevent the plaintiff from any of the following?

Working Yes ___ No ___

Performing his/her pre-injury job Yes ___ No ___

Working the same number of hours per week he/she had prior to the injury Yes ___ No ___

If yes was answered to any of these three questions, please explain. _____

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Has your injury caused the plaintiff to have any of the following?

Difficulty dressing or bathing Yes ___ No ___

Serious difficulty hearing Yes ___ No ___

Blindness or difficulty seeing, even with glasses Yes ___ No ___

Difficulty doing errands alone, such as visiting a doctor's office Yes ___ No ___

Serious difficulty walking or climbing stairs Yes ___ No ___

Serious difficulty concentrating, remembering, or making decisions Yes ___ No ___

Any other difficulties not listed here Yes ___ No ___

If yes was answered to any of these seven questions, please explain. _____

Time Use

Please estimate (or ask the plaintiff to estimate) the hours per week on these and similar activities prior to injury and after injury. If the plaintiff did not / does not perform one of the listed activities, please put a "0" in the space provided.

Household Activities

	Prior to the Injury	After the Injury
Cooking:	_____ hours per week	_____ hours per week
Cleaning:	_____ hours per week	_____ hours per week
Laundry:	_____ hours per week	_____ hours per week
Lawn / Garden care:	_____ hours per week	_____ hours per week
Other:	_____ hours per week	_____ hours per week
Total:	_____ hours per week	_____ hours per week

If other services listed, please specify: _____

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Caring for other individuals

	Prior to the Injury	After the Injury
Care of children:	_____ hours per week	_____ hours per week
Care of disabled family members:	_____ hours per week	_____ hours per week
Laundry:	_____ hours per week	_____ hours per week
Care of elderly:	_____ hours per week	_____ hours per week
Care of other adults:	_____ hours per week	_____ hours per week
Total:	_____ hours per week	_____ hours per week

Leisure, Recreation, Miscellaneous Activities

	Prior to the Injury	After the Injury
Socializing, relaxing, and leisure:	_____ hours per week	_____ hours per week
Sports, exercise, and recreation:	_____ hours per week	_____ hours per week
Religious and spiritual:	_____ hours per week	_____ hours per week
Volunteering:	_____ hours per week	_____ hours per week
Total:	_____ hours per week	_____ hours per week

Other Considerations

Are there any household chores or other activities that can no longer be done by the plaintiff as a result of the injury?
Please explain. _____

Please list any hourly costs that are being incurred to replace lost time completing household chores or other activities.

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Are there any activities that can no longer be enjoyed by the plaintiff as a result of the injury? Please explain. _____

Prognosis for Recovery

Does the plaintiff have any preexisting medical conditions or disabilities? Yes ___ No ___ If so, do they restrict the type or amount of work the plaintiff can perform? Yes ___ No ___

Please explain. _____

Has the plaintiff started (or completed) any vocational training, rehabilitation? Yes ___ No ___

Other Documents Required

Below is a list of additional documents that are required to evaluate the plaintiff's case.

1. Copy of complaint from the plaintiff's attorney
2. Copy of relevant expert reports, including Medical or vocational report documenting disability, Expert Medical Life Care Plan, doctor's report and/or Social Security Disability Rating
3. Copy of relevant depositions (particularly that of the plaintiff and/or family members)

Name of person completing the questionnaire and date completed:

Name: _____
(last, first, middle)

Date: ____ / ____ / ____
month day year

Relationship to plaintiff: _____

Phone: _____ Email: _____

Address: _____