# F.I.R.S.T. HEALTH

## Duties Under Duress Summary

Name: _____ Date: _____

Complete the following questionnaire as it relates to how your injury(s) affect your performance of your living and work duties. Place a check in front of the day-to-day **living duties, which are painful or difficult for you to perform as a result of your injury(s)** you sustained in the motor vehicle collision. Then checkmark the appropriate box designating reason for difficulty. Include those duties/responsibilities, which require that you reduce the time you capable of performing them.

Job description _____

| N/A | Work | Reason for the limitation | | |
|---|---|---|---|---|
| ____ | Lifting | ☐ Increased Pain | ☐ Restricted movement | ☐ Weakness |
| ____ | Bending | ☐ Increased Pain | ☐ Restricted movement | ☐ Weakness |
| ____ | Sitting | ☐ Increased Pain | ☐ Restricted movement | ☐ Weakness |
| ____ | Walking | ☐ Increased Pain | ☐ Restricted movement | ☐ Weakness |
| ____ | Computer duties | ☐ Increased Pain | ☐ Restricted movement | ☐ Fatigue |
| Other | _____ | ☐ Increased Pain | ☐ Restricted movement | ☐ Weakness |

| N/A | Studies/ School | Reason for the limitation | | |
|---|---|---|---|---|
| ____ | Lifting | ☐ Increased Pain | ☐ Restricted movement | ☐ Weakness |
| ____ | Bending | ☐ Increased Pain | ☐ Restricted movement | ☐ Weakness |
| ____ | Sitting | ☐ Increased Pain | ☐ Restricted movement | ☐ Weakness |
| ____ | Walking | ☐ Increased Pain | ☐ Restricted movement | ☐ Weakness |
| ____ | Computer duties | ☐ Increased Pain | ☐ Restricted movement | ☐ Fatigue |
| ____ | Studying | ☐ Increased Pain | ☐ Restricted movement | ☐ Fatigue |
| Other | _____ | ☐ Increased Pain | ☐ Restricted movement | ☐ Weakness |

| N/A | Domestic Duties | Reason for the limitation | | |
|---|---|---|---|---|
| ____ | Vacuuming | ☐ Increased Pain | ☐ Restricted movement | ☐ Fatigue |
| ____ | Taking care of kids | ☐ Increased Pain | ☐ Restricted movement | ☐ Fatigue |
| ____ | Cleaning | ☐ Increased Pain | ☐ Restricted movement | ☐ Fatigue |
| ____ | Preparing Meals | ☐ Increased Pain | ☐ Restricted movement | ☐ Fatigue |
| Other | _____ | ☐ Increased Pain | ☐ Restricted movement | ☐ Fatigue |

| N/A | Household Duties | Reason for the limitation | | |
|---|---|---|---|---|
| ____ | Yard work | ☐ Increased Pain | ☐ Restricted movement | ☐ Fatigue |
| ____ | Transportation | ☐ Increased Pain | ☐ Restricted movement | ☐ Fatigue |
| ____ | Shopping | ☐ Increased Pain | ☐ Restricted movement | ☐ Fatigue |
| ____ | Taking out trash | ☐ Increased Pain | ☐ Restricted movement | ☐ Weakness |
| Other | _____ | ☐ Increased Pain | ☐ Restricted movement | ☐ Fatigue |