F.I.R.S.T. HEALTH

Loss of Enjoyment Summary

Name: ______________________________ Date: ____________

Complete the following questions as it relates to the **activities** (work related or otherwise) **you normally would be enjoying-** but are **currently not enjoying** as a result of your injury(s)

Include all activities which you:

- can no longer do or perform, and/ or
- cannot do or perform as often as you did before your injury

Job description ______________________________

N/A	**Work**	**Reason for the limitation**		
____	Lifting	☐ Increased Pain	☐ Restricted movement	☐ Weakness
____	Bending	☐ Increased Pain	☐ Restricted movement	☐ Weakness
____	Walking	☐ Increased Pain	☐ Restricted movement	☐ Fatigue
____	Computer duties	☐ Increased Pain	☐ Restricted movement	☐ Fatigue
Other	____________	☐ Increased Pain	☐ Restricted movement	☐ Fatigue

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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	☐ Fatigue
____	Walking	☐ Increased Pain	☐ Restricted movement	☐ Fatigue
____	Computer duties	☐ Increased Pain	☐ Restricted movement	☐ Fatigue
____	Studying	☐ Increased Pain	☐ Restricted movement	☐ Fatigue
Other	____________	☐ Increased Pain	☐ Restricted movement	☐ Fatigue

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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

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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	☐ Weakness

N/A	**Sports**	**Reason for the limitation**		
Name Sport:		☐ Increased Pain	☐ Restricted movement	☐ Weakness
Pre-accident level of participation:		☐ Social	☐ Competitive	☐ Professional