

The Methodist Hospital

Physician Organization

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The Department of Orthopedics

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Patient's Name: _____

Today's Date: _____

Patient's Date of Birth: _____

Have you had any previous workers' compensation injuries?

No Yes _____

Have you had any previous injury litigation?

No Yes _____

What was the date of your current injury? _____

Are you currently working?

Yes No _____

How were you hurt?

- Fall
- Lifting
- Running
- Twisting
- Motor Vehicle Accident
- Assault
- Other: _____

What part of your body was injured?

(Please Circle One)

- Left Ankle Right Ankle Other: _____
- Left Elbow Right Elbow
- Left Hand Right Hand
- Left Hip Right Hip
- Left Knee Right Knee
- Left Shoulder Right Shoulder
- Left Toe Right Toe
- Left Wrist Right Wrist

Please explain, in your own words, how your current injury occurred:

Patient Please Initial _____

Workers' Compensation Injury Questionnaire

Page Two

Which health professionals have you seen for you current injury? Please list their names, whether or not they were seen within 24 hours of your injury, and the treatment and medications prescribed.

Company doctor _____
Treatment / Results _____

Chiropractor _____
Treatment / Results _____

Emergency Room doctor _____
Treatment / Results _____

Family doctor _____
Treatment / Results _____

Other _____
Treatment / Results _____

Other _____
Treatment / Results _____

Other _____
Treatment / Results _____

Please respond to the following questionnaire about your ability to function. Circle the **BEST** answer.

PAIN INTENSITY

1. Tolerate pain without pain medication
2. Pain, but do not take pain killers
3. Pain killers give complete relief
4. Pain killers give moderate relief
5. Pain killers give very little relief
6. Pain killers have no effect on pain, therefore, do not use

PERSONAL CARE

1. Look after myself normally without causing extra pain
2. Look after myself with some extra pain
3. Painful, but I do it slowly and carefully
4. I need some help but manage most of my personal care
5. I need help every day in most aspects of my care

Patient Please Initial

6. I do not get dressed and stay in bed

Workers' Compensation Injury Questionnaire

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LIFTING

1. I can lift any weight without problem
2. I lift, but it causes pain
3. I cannot lift over 20 lbs.
4. I cannot lift over 10 lbs.
5. I cannot lift without pain

WALKING

1. Pain does not prevent me from walking any distance
2. Pain prevents me from walking more than 1 mile
3. Pain prevents me from walking more than ½ mile
4. Pain prevents me from walking more than ¼ mile
5. Can only walk using a can or crutch
6. Restricted to bed and have to crawl to the toilet

SITTING

1. Can sit in any chair as long as I like
2. Can only sit in my favorite chair as long as I like
3. Cannot sit more than 1 hour
4. Cannot sit more than ½ hour
5. Cannot sit more than 10 minutes
6. Cannot sit at all

WORKING

1. Work 8 hours per day without pain
2. Work 8 hours, but it causes pain
3. Cannot work 8 hours, but can work 4 hours
4. Cannot work 4 hours without pain
5. Cannot work

SLEEPING

1. Pain does not prevent me from sleeping
2. Sleep only with medication
3. Sleep less than 6 hours with medication
4. Sleep less than 4 hours with medication
5. Sleep less than 2 hours with medication
6. Pain prevents me from sleeping at all

SEX LIFE

1. Normal and causes no extra pain
2. Normal, but causes some extra pain
3. Nearly normal, but is very painful
4. Severely restricted by pain
5. Nearly absent because of pain
6. Pain prevents any sex life at all

Patient Please Initial _____

7. No response

Workers' Compensation Injury Questionnaire

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SOCIAL LIFE

1. Normal with no pain
2. Normal, but increases the pain
3. Limits my more energetic interests, such as dancing
4. Limits my social life and I do not go out often
5. Has restricted my social life to my home
6. I have no social life because of my pain

TRAVELING

1. Can travel anywhere without extra pain
2. Can travel anywhere with some pain
3. Pain is bad but managed journey over 2 hours
4. Pain restricts journeys to less than 1 hour
5. Pain restricts to necessary journeys under 30 minutes
6. Pain prevents any travel except to doctor/hospital