

PERSONAL INJURY/WORKERS' COMPENSATION QUESTIONNAIRE

NAME: _____ Date of Accident: _____ Time: _____

Where did accident happen? _____

Describe the accident in your own words: _____

What was your position in car? Driver Passenger If passenger, were you sitting in Front Right Rear Left Rear

Did your vehicle strike other vehicle? Yes No Was your car struck by other vehicle? Yes No

Was the impact from: the front? from the right side? from the left side? from the rear?

At the time of Impact were you: looking straight ahead? looking right? looking left?

Were both hands on steering wheel? Yes No Was your foot on brake? Yes No Were you braced for impact? Yes No

Where in the car were you after the accident? _____

Were you wearing seat belts? Yes No Did you strike anything in vehicle at time of impact? Yes No

If yes, specify: Steering Wheel Dashboard Windshield Side Door Arm Rests Side Window

Please state part of body: Chest Chin Knee Shoulder Hand Head

Immediately following the accident how did you feel? _____

Were you unconscious? Yes No In a daze? Yes No Did you go to hospital? Yes No

If you went to hospital, when? At time of accident Yes No Next day Yes No

How did you get to hospital? Ambulance Yes No Private Transportation Yes No

Did the ambulance attendants place you in: Neck Collar Yes No Splints: Yes No Brace: Yes No

Name of Hospital _____

Attended by Dr: _____ Were you x-rayed at hospital? Yes No

If so, what was the diagnosis? _____

Were you admitted to the hospital? Yes No How long did you stay? _____

What treatment was rendered? _____

What recommendations were made? See own doctor? Yes No See orthopedic doctor? Yes No

Physical Therapy Yes No

Have you seen any other doctor as a result of this accident? Yes No

Doctor's name _____

Is your pain constant? Yes No Is the pain on and off? Yes No Sharp? Yes No Dull? Yes No

Other _____

Is your pain worse when arising from a chair? Yes No Is it made worse by straining? Yes No By coughing? Yes No

By sneezing? Yes No By straining when moving your bowels? Yes No

Do you have any numbness or tingling in your arms? Yes No In your hands? Yes No In your fingers? Yes No

In your legs? Yes No In your feet? Yes No In your toes? Yes No

What is your most comfortable position? Sitting Yes No Lying on your right side Yes No Lying on your left side Yes No

Lying on your back Yes No On your stomach Yes No Standing Yes No

Other _____ Is it difficult for you to move around in bed? Yes No

Does stretching and twisting worsen the pain? Yes No

Do any of the following relieve your pain? Heating Pad Hot Bath Shower Ice Pack

Does a brace (if you have tried one) help relieve the pain? Yes No

Does a change in heel height worsen the pain? Yes No Do you feel better moving around? Yes No Or resting? Yes No

Do you have a firm mattress? Yes No Do your knees ache or hurt? Yes No Do you have cramps in your leg? Yes No

In arm? Yes No Have you had any change in your bowel habits? Yes No

Have you lost any time from work because of this accident? Yes No

If yes, give dates of time lost. From _____ to _____

Totally disabled from _____ to _____ Partially disabled from _____ to _____

The Revised Oswestry Disability Index (for low back pain/dysfunction)

Patient name: _____ File # _____ Date: _____

This questionnaire has been designed to give the doctor information as to how your back pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the **ONE** box that applies to you. We realize that you may consider that two of the statements in any one section relate to you, but please just mark the box that most closely describes your problem.

SECTION 1-PAIN INTENSITY

- The pain comes and goes and is very mild.
- The pain is mild and does not vary much.
- The pain comes and goes and is moderate.
- The pain is moderate and does not vary much.
- The pain comes and goes and is very severe.
- The pain is severe and does not vary much.

SECTION 2-PERSONAL CARE

- I would not have to change my way of washing or dressing in order to avoid pain.
- I do not normally change my way of washing or dressing even though it causes some pain.
- Washing and dressing increases the pain, but I manage not to change my way of doing it.
- Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- Because of the pain, I am unable to do some washing and dressing without help.
- Because of the pain, I am unable to do any washing and dressing without help.

SECTION 3-LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it causes extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I manage if they are conveniently positioned (e.g., on a table).
- Pain prevents me from lifting heavy weights off the floor.
- Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- I can only lift very light weights at the most.

SECTION 4-WALKING

- I have no pain on walking.
- I have some pain on walking, but it does not increase with distance.
- I cannot walk more than one mile without increasing pain.
- I cannot walk more than 1/2 mile without increasing pain.
- I cannot walk more than 1/4 mile without increasing pain.
- I cannot walk at all without increasing pain.

SECTION 5-SITTING

- I can sit in any chair as long as I like.
- I can only sit in my favorite chair as long as I like.
- Pain prevents me from sitting more than one hour.
- Pain prevents me from sitting more than 1/2 hour.
- Pain prevents me from sitting more 10 minutes.
- I avoid sitting because it increases pain right away.

SECTION 6-STANDING

- I can stand as long as I want without pain.
- I have some pain on standing, but it does not increase with time.
- I cannot stand for longer than one hour without increasing pain.
- I cannot stand for longer than 1/2 hour without increasing pain.
- I cannot stand for longer than 10 minutes without increasing pain.
- I avoid standing because it increases the pain right away.

SECTION 7-SLEEPING

- I get no pain in bed.
- I get pain in bed, but it does not prevent me from sleeping well.
- Because of pain, my normal night's sleep is reduced by less than 1/4.
- Because of pain, my normal night's sleep is reduced by less than 1/2.
- Because of pain, my normal night's sleep is reduced by less than 3/4.
- Pain prevents me from sleeping at all.

SECTION 8-SOCIAL LIFE

- My social life is normal and gives me no pain.
- My social life is normal, but increases the degree of pain.
- Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- Pain has restricted my social life and I do not go out very often.
- Pain has restricted my social life to my home.
- I have hardly any social life because of the pain.

SECTION 9-TRAVELLING

- I get no pain while travelling.
- I get some pain while travelling, but none of my usual forms of travel makes it any worse.
- I get extra pain while travelling, but it does not compel me to seek alternative forms of travel.
- I get extra pain while travelling, which compels me to seek alternative forms of travel.
- Pain restricts all forms of travel.
- Pain prevents all forms of travel except that done lying down.

SECTION 10-CHANGING DEGREE OF PAIN

- My pain is rapidly getting better.
- My pain fluctuates, but is definitely getting better.
- My pain seems to be getting better, but improvement is slow at present.
- My pain is neither getting better nor worse.
- My pain is gradually worsening.
- My pain is rapidly worsening.

The Neck Disability Index

Patient name: _____ File# _____ Date: _____

Please read instructions:

This questionnaire has been designed to give the doctor information as to how your neck pain has affected your ability to manage everyday life. Please answer every section and mark in each section only the ONE box that applies to you. We realize that you may consider that two of the statements in any one section relate to you, but please just mark the box that most closely describes your problem.

SECTION 1-PAIN INTENSITY

- I have no pain at the moment.
- The pain is very mild at the moment.
- The pain is moderate at the moment.
- The pain is fairly severe at the moment.
- The pain is very severe at the moment.
- The pain is the worst imaginable at the moment.

SECTION 2-PERSONAL CARE (Washing, Dressing, etc.)

- I can look after myself normally, without causing extra pain.
- I can look after myself normally, but it causes extra pain.
- It is painful to look after myself and I am slow and careful.
- I need some help, but manage most of my personal care.
- I need help every day in most aspects of self care.
- I do not get dressed; I wash with difficulty and stay in bed.

SECTION 3-LIFTING

- I can lift heavy weights without extra pain.
- I can lift heavy weights, but it gives extra pain.
- Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.
- Pain prevents me from lifting heavy weights off the floor, but I can manage light to medium weights if they are conveniently positioned.
- I can lift very light weights.
- I cannot lift or carry anything at all.

SECTION 4-READING

- I can read as much as I want to, with no pain in my neck.
- I can read as much as I want to, with slight pain in my neck.
- I can read as much as I want to, with moderate pain in my neck.
- I can't read as much as I want, because of moderate pain in my neck.
- I can hardly read at all, because of severe pain in my neck.
- I cannot read at all.

SECTION 5-HEADACHES

- I have no headaches at all.
- I have slight headaches that come infrequently.
- I have moderate headaches that come infrequently.
- I have moderate headaches that come frequently.
- I have severe headaches that come frequently.
- I have headaches almost all the time.

SECTION 6-CONCENTRATION

- I can concentrate fully when I want to, with no difficulty.
- I can concentrate fully when I want to, with slight difficulty.
- I have a fair degree of difficulty in concentrating when I want to.
- I have a lot of difficulty in concentrating when I want to.
- I have a great deal of difficulty in concentrating when I want to.
- I cannot concentrate at all.

SECTION 7-WORK

- I can do as much work as I want to.
- I can do my usual work, but no more.
- I can do most of my usual work, but no more.
- I cannot do my usual work.
- I can hardly do any work at all.
- I can't do any work at all.

SECTION 8-DRIVING

- I can drive my car without any neck pain.
- I can drive my car as long as I want, with slight pain in my neck.
- I can drive my car as long as I want, with moderate pain in my neck.
- I can't drive my car as long as I want, because of moderate pain in my neck.
- I can hardly drive at all, because of severe pain in my neck.
- I can't drive my car at all.

SECTION 9-SLEEPING

- I have no trouble sleeping.
- My sleep is slightly disturbed (less than 1 hr sleepless).
- My sleep is mildly disturbed (1-2 hrs sleepless).
- My sleep is moderately disturbed (2-3 hrs sleepless).
- My sleep is greatly disturbed (3-5 hrs sleepless).
- My sleep is completely disturbed (5-7 hrs sleepless).

SECTION 10-RECREATION

- I am able to engage in all my recreation activities, with no neck pain at all.
- I am able to engage in all my recreation activities, with some neck.
- I am able to engage in most, but not all, of my usual recreation activities, because of pain in my neck.
- I am able to engage in few of my recreation activities, because of pain in my neck.
- I can hardly do any recreation activities, because of pain in my neck.
- I can't do any recreation activities at all.

In case of a traffic collision

Almost everyone will be involved in a traffic collision at one point or another. While it is important to collect the appropriate information at the scene, this is often quite challenging under these chaotic and unexpected circumstances. This pamphlet was designed to provide motorists with a checklist of things to do in the event of a collision and in the aftermath. Keep it in your glove compartment. It may come in very handy some day and save you a lot of aggravation.

In most cases, if you are in a collision, you should remain inside your vehicle until you are certain it is safe to exit the vehicle. If the collision is not severe and your vehicle can be safely driven to the side of the road and out of traffic, you should do so. Once on the side of the road, it may be safest to exit your vehicle on the side opposite traffic. If it is unsafe to exit the vehicle, use your cell phone to call 911 or ask another motorist to do so and wait for police or emergency workers to arrive.

If you are able, assist injured persons at the scene until emergency personnel arrive. If you have the training or skills, provide first aid to those who require it. Remember the ABC's of first aid: maintain a victim's Airway, Breathing, and Circulation (i.e., make sure there is a pulse and stop any serious bleeding). Most states have Good Samaritan Laws that protect persons attempting to render first aid, no matter what their training happens to be. Don't be afraid to help persons in need.

Reporting traffic crashes

In nearly all states the law requires that all traffic collisions be reported to the Department of Motor Vehicles (DMV), regardless of whether it was your fault or the fault of another driver. Collisions on private property must also be reported. If you report the collision to your insurance agent, he or she can report it to the DMV for you. Use the checklist provided in this booklet to collect all necessary information from the other persons involved in the crash.

Protecting yourself

There is always the possibility that you may be cited for causing the collision, even if you feel you were not at fault. It is also possible that other persons may file a lawsuit against you, alleging your responsibility. In order to protect yourself in either event, following are some recommendations that can save you a lot of trouble later on.

If there are any witnesses to the collision, it is helpful to collect their names, phone numbers, addresses, and get a brief statement from them. Your insurance agent, the police,

or your lawyer, should you later hire one, may want to get a statement from them later. Write down the license numbers and descriptions of other vehicles that appear to be involved in the collision, especially if they attempt to leave the scene before sharing their information. Draw a diagram of the crash scene, making note of skid marks, glass, fluid spatter marks, locations of damaged roadway, and other details. Collect broken parts, shredded tire tread, or other debris from the crash. This can also sometimes be helpful later as evidence, especially if reconstructing the crash becomes necessary. If you have a camera, taking photos of the crash scene, skid marks, gouge marks in the road, and involved vehicles is a good idea.

Always be courteous and helpful to police officers and emergency workers. They have a difficult job and are only trying to help. Remember that you are required by law to provide the following information to any law enforcement officer who comes to the scene and requests it: your driver license, registration information, current address, and insurance company name and policy number.

Information you should collect at the scene (even if police do come to the scene)

Note that police officers may come to the scene but may leave if there are no apparent injuries, disruptions in traffic, etc., or if they have other pressing business. Many motorists are later dismayed that no police report was actually made, even though the police had been on the scene. This is why your collection of information can be so important. Be sure to obtain the following information:

- Date and time of the collision.
- Location of the collision (direction of travel, lane number, street address).
- Driver license number and state of issue of other motorists involved; their dates of birth.
- Addresses and phone numbers of other motorists involved.
- Insurance company name and agent's name of other motorists; policy number and expiration date; policy holder's name and address.
- Names and addresses of passengers in other vehicles.
- Description of their vehicles (make, model, year, license plate number and state of issue, and any other unusual features).
- Estimate the amount of property damage and its location to your vehicle and others involved by using a simple diagram or drawing.
- If police officers are on the scene, write down their names and badge numbers for future reference.
- Any apparent injuries to persons involved in the collision, including yourself.

What to do after the collision

Many crash victims feel shaken, but otherwise uninjured at the time of the crash. However, 24-72 hours later, they may become symptomatic, experiencing headache, neck pain, or other symptoms. If you are advised by emergency workers at the scene to go directly to the hospital, it is best to follow their advice. Such advice is usually made with the benefit of much experience. If you feel that you are not injured, but will not be able to drive safely after the crash, follow your instincts and refrain from driving. If you do not go directly to the hospital, it is always a good strategy to see your doctor for a checkup soon after a crash.

If the collision was the fault of the other driver, his or her insurance policy will pay for any medical or chiropractic treatment you should require. If the other motorist was uninsured or if the collision was your fault, your own insurance policy will usually provide for your treatment. If healthcare cost reimbursement is ever disputed, your treating doctor will usually continue to treat you and wait until this dispute is settled to receive his or her fees. The most important thing is to maintain active necessary treatment in order to achieve the most complete and speedy recovery.

What about defective safety devices?

If there is ever a question that some part or safety system on your vehicle was defective, such as the tires, brakes, accelerator, airbag, or restraint systems, you should maintain the chain of custody of the vehicle. If the vehicle is towed to a salvage lot and the insurer declares it a total loss, it can be sold and important evidence may be lost. In product liability cases in the past, such vehicles were quickly purchased by the defendants and destroyed in order to prevent the plaintiffs from using the evidence against them in a trial.

Do you need a lawyer?

Whether you will need the services of a lawyer will depend on many factors. Your healthcare provider has plenty of experience in treating collision victims and can offer you good advice based on the circumstances of your particular case. Should you decide to seek advice from a lawyer, it is advisable to find one who specializes in personal injury cases and one recommended by your doctor. Cases are usually taken on a contingency fee basis, meaning that you pay nothing until the case is concluded.



INFORMATION TO COLLECT

DATE TIME LOCATION

YOUR DIRECTION TRAVEL LANE#

DESCRIBE YOUR INJURIES

OTHER INVOLVED MOTORISTS:

NAME PHONE NUMBER E-MAIL ADDRESS

DL# AND STATE DATE OF BIRTH

VEHICLE: MAKE MODEL YEAR LICENSE PLATE #

OTHERS IN CAR: NAMES

INSURANCE CO. POLICY# AGENT'S NAME

DESCRIBE THEIR INJURIES

NAME PHONE NUMBER E-MAIL ADDRESS

ADDRESS

DL# AND STATE DATE OF BIRTH

VEHICLE: MAKE MODEL YEAR LICENSE PLATE #

OTHERS IN CAR: NAMES

INSURANCE CO. POLICY# AGENT'S NAME

DESCRIBE THEIR INJURIES

NAME PHONE NUMBER E-MAIL ADDRESS

ADDRESS

DL# AND STATE DATE OF BIRTH

VEHICLE: MAKE MODEL YEAR LICENSE PLATE #

OTHERS IN CAR: NAMES

INSURANCE CO. POLICY# AGENT'S NAME

DESCRIBE THEIR INJURIES

SCENE SKETCH

PROPERTY DAMAGE SKETCH

NOTES:

In Case of a
TRAFFIC COLLISION

Your After-Crash Checklist



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