

**ACTIVITIES CHECKLIST**

Please check any of the following that you once participated in and were unable to perform or had difficulty performing during your recovery as a result of the accident.

If you are going to claim lost wages you need to provide us a statement from your employer stating what you were making as well as the days you missed, and a doctors statement excusing you of those absences :

**JOB RELATED:**

Give a brief description of your job duties, job title, and place of employment:

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- Driving
- Sitting for long periods of time
- Standing for long periods of time
- Heavy lifting
- Reading, writing, computer work
- Precision work
- Other (Please list):

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Give reasons for any difficulties:

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**HOME RELATED**

- Shopping (grocery, etc.)
- Washing dishes, cleaning kitchen
- Cooking

- \_\_\_\_\_ Vacuuming, mopping, sweeping
- \_\_\_\_\_ Ironing
- \_\_\_\_\_ Pet Care (i.e., walking the dog, etc.)
- \_\_\_\_\_ Cleaning Bathrooms
- \_\_\_\_\_ Mowing lawn, yard work
- \_\_\_\_\_ Washing car
- \_\_\_\_\_ Lifting, caring for children
- \_\_\_\_\_ Transportation (i.e., to appointments, children, children to school, sports)
- \_\_\_\_\_ Care for elderly parent or other
- \_\_\_\_\_ Other (Please describe below):

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Describe reasons for any difficulties:

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List ages of children you have primary care responsibility for:

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**LEISURE ACTIVITIES**

\_\_\_\_\_ Sports(List types)

_____	_____
_____	_____
_____	_____

\_\_\_\_\_ Hand crafts (List types)

_____	_____
_____	_____
_____	_____

- \_\_\_\_\_ Gardening, yard work
- \_\_\_\_\_ Car mechanics
- \_\_\_\_\_ Reading
- \_\_\_\_\_ Playing with children, grandchildren
- \_\_\_\_\_ Camping, Hiking

- \_\_\_\_\_ Hunting
- \_\_\_\_\_ Fishing
- \_\_\_\_\_ Other hobbies (list specific types)

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Give reasons for any difficulties:

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Were you unable to participate in any other activities due to this accident (i.e., sports events, concerts, holiday/family gatherings, church, other religious activities, etc.)? (List)

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List any activities that you will be unable to perform or have difficulty with in the future as a result of the accident:

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ARE YOU STILL RECEIVING TREATMENT?

YES \_\_\_\_\_  
NO \_\_\_\_\_

If yes, please provide the name(s) of clinician(s) that discharged you from care:

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