

**Duties Under Duress Summary**

Complete the following summary as it relates to your living and work duties and how the injury(s) are affecting your performance. List the day to day living duties which are painful or difficult for you to perform as a result of the injuries you sustained in the motor vehicle collision. Include those duties/responsibilities which require that you reduce the time you are capable of performing them. Include all instances where you have received lifting, stretching, bending, sitting, standing, walking or other restrictions which affect your performance.

<b>Work</b>	<b>Reason for the difficulty</b>	<b>Duration</b>
<b>(ex: Increased pain, Increased anxiety, etc...)</b>		
Job Description: _____		
<input type="checkbox"/> Lifting	_____	_____
<input type="checkbox"/> Bending	_____	_____
<input type="checkbox"/> Sitting	_____	_____
<input type="checkbox"/> Walking	_____	_____
<input type="checkbox"/> Computer Duties	_____	_____
Other: _____	_____	_____

<b>Studies/School</b>	<b>Reason for the difficulty</b>	<b>Duration</b>
<input type="checkbox"/> Lifting	_____	_____
<input type="checkbox"/> Bending	_____	_____
<input type="checkbox"/> Sitting	_____	_____
<input type="checkbox"/> Walking	_____	_____
<input type="checkbox"/> Computer Duties	_____	_____
Studying	_____	_____
Other: _____	_____	_____

<b>Domestic Duties</b>	<b>Reason for the difficulty</b>	<b>Duration</b>
<input type="checkbox"/> Vacuuming	_____	_____
<input type="checkbox"/> Taking Care of Kids	_____	_____
<input type="checkbox"/> Cleaning	_____	_____
<input type="checkbox"/> Preparing Meals	_____	_____
Other: _____	_____	_____

<b>Household Duties</b>	<b>Reason for the difficulty</b>	<b>Duration</b>
<input type="checkbox"/> Yardwork	_____	_____
<input type="checkbox"/> Transportation	_____	_____
<input type="checkbox"/> Shopping	_____	_____

Taking Out Trash \_\_\_\_\_

Other: \_\_\_\_\_

**Loss of Enjoyment Summary**

Complete the following summary as it relates to your lifestyle, work environment and activities which you normally would be enjoying, but are currently not enjoying, as a result of the motor vehicle collision. Include all areas which you have had to reduce the time you are capable of experiencing them. Include all instances where you have received lifting, stretching, bending, sitting, standing, walking or other restrictions which affect your participation in any of the following areas:

**Work**                      **Reason for the difficulty**                      **Duration**

Job Description: \_\_\_\_\_

- Lifting \_\_\_\_\_
- Bending \_\_\_\_\_
- Sitting \_\_\_\_\_
- Walking \_\_\_\_\_
- Computer Duties \_\_\_\_\_
- Other: \_\_\_\_\_

**Studies/School**                      **Reason for the difficulty**                      **Duration**

- Lifting \_\_\_\_\_
- Bending \_\_\_\_\_
- Sitting \_\_\_\_\_
- Walking \_\_\_\_\_
- Computer Duties \_\_\_\_\_
- Studying \_\_\_\_\_
- Other: \_\_\_\_\_

### Loss of Enjoyment

Domestic Duties	Reason for the difficulty	Duration
<input type="checkbox"/> Vacuuming	_____	_____
<input type="checkbox"/> Taking Care of Kids	_____	_____
<input type="checkbox"/> Cleaning	_____	_____
<input type="checkbox"/> Preparing Meals	_____	_____
Other: _____	_____	_____

Household Duties	Reason for the difficulty	Duration
<input type="checkbox"/> Yardwork	_____	_____
<input type="checkbox"/> Transportation	_____	_____
<input type="checkbox"/> Shopping	_____	_____
<input type="checkbox"/> Taking Out Trash	_____	_____
Other: _____	_____	_____

Sports	Reason for the difficulty	Duration
<input type="checkbox"/> Social	_____	_____
<input type="checkbox"/> Competitive	_____	_____
<input type="checkbox"/> Regional	_____	_____
Other: _____	_____	_____