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Loss of Enjoyment of Life

Loss of Enjoyment of Life Index

This form is to determine whether you have lost the ability to perform activities in certain areas of life that you have enjoyed doing prior to your injury or illness. This is not about what you can do even though it may be painful or cause you duress, this is about what you cannot do, that you use to be able to enjoy doing with no problem. Please indicate if there are any areas like that for you and then sign and date this form at the bottom, so that it can be part of your medical records.

Work Activities

I have lost enjoyment and the ability to perform certain aspects of my job as a result of the injuries caused in this collision.

My employment status at the time of the collision is best described as:

- a. Full Time Employed
- b. Part Time Employed
- c. Casual Employee
- d. Seasonal Employee
- e. Not Employed

If your answer is Full Time, Part Time, or Casual Employee, which of the following categories best describes your work capacity since this collision:

- a. I Resumed My Same Job and Duties
- b. I Resumed My Same Job with Lighter Duties
- c. I Resumed Alternate Duties Within the Same Industry
- d. I Changed Industry
- e. I Have Not Resumed Work

The injuries from this collision have had the following effects on my work:

- a. I have lost status within the company.
- b. I have lost job security.
- c. I have lost promotional prospects.
- d. I have difficulty in performing my normal job duties.
- e. My quality of work is reduced since the collision.
- f. I am unable to perform my pre-accident job

Domestic Activities

I have lost enjoyment and ability to perform some of my domestic activities as a result of the injuries caused in this collision.

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I have experienced a loss of enjoyment and ability to perform the following activities *inside* my home, since the collision:

- a. Laundry
- b. Dishwashing
- c. Vacuuming
- d. Washing Windows
- e. Cleaning
- f. Preparing Meals
- g. Other: _____

Household Activities

I have lost enjoyment and the ability to perform my household activities, outside the home, as a result of the injuries caused in this collision.

I have experienced problems with the ability to perform the following activities *outside* my home:

- a. Painting the Outside of the House
- b. Landscaping
- c. Mowing the Grass
- d. Trimming the Bushes / Trees
- e. Washing Windows
- f. Gardening
- g. Taking Out the Trash
- h. Washing the Cars
- i. Maintaining the Cars
- j. Maintaining Yard Equipment
- k. Doing Other External House Work; Specify: _____

Studies / Educational Activities

I have lost enjoyment and the ability to perform my educational activities as a result of the injuries caused in this collision.

- a. I am no longer able to attend school.
- b. I have dropped to part time.
- c. My grades have dropped.
- d. I have been forced to change schools due to the injuries:
 - a. Before the Collision, I was attending:
 - i. High School
 - ii. Apprenticeship Studies
 - iii. Technical College
 - iv. University; Specify _____
 - v. Correspondence Course
 - vi. Graduate College / University; Specify College & Degree: _____

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- b. I am now attending:
- i. High School
 - ii. Apprenticeship Studies
 - iii. Technical College
 - iv. A Different University; Specify _____
 - v. Correspondence Course

Hobby Activities

I have lost enjoyment and the ability to perform the following hobby activities as a result of the injuries caused in this collision.

Activity #1 _____

Prior to the Collision, I performed this activity at the following level:

- a. Informal and amateur
- b. Competitive
- c. Semi-Professional
- d. Professional

Prior to the collision:

- a. I did not make money with this hobby
- b. I made money with this hobby
 - i. I made \$_____/month on average with this hobby, as reported to the IRS.

After this Collision, I performed this hobby activity at the following level:

- a. I can't perform the activity at all
- b. Informal and amateur
- c. Competitive
- d. Semi-Professional
- e. Professional

After this collision:

- a. I do not make money with this hobby
- b. I make money with this hobby
 - i. I made \$_____/month on average with this hobby, as reported to the IRS.

Duration of Symptoms

- a. I did not enjoy this activity for _____ weeks.
- b. My doctors have instructed me that my inability to perform this activity is a permanent condition.

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- c. My problems in performing this activity is ongoing, but my doctors have not instructed me that the conditions is permanent.

Activity #2 _____

Prior to the Collision, I performed this activity at the following level:

- a. Informal and amateur
b. Competitive
c. Semi-Professional
d. Professional

Prior to the collision:

- a. I did not make money with this hobby
b. I made money with this hobby
i. I made \$_____/month on average with this hobby, as reported to the IRS.

After this Collision, I performed this hobby activity at the following level:

- a. I can't perform the activity at all
b. Informal and amateur
c. Competitive
d. Semi-Professional
e. Professional

After this collision:

- a. I do not make money with this hobby
b. I make money with this hobby
i. I make \$_____/month on average with this hobby, as reported to the IRS

Duration of Symptoms

- a. I did not enjoy this activity for _____ weeks.
b. My doctors have instructed me that my inability to perform this activity is a permanent condition.
c. My problems in performing this activity is ongoing, but my doctors have not instructed me that the conditions is permanent.

Activity #3 _____

Prior to the Collision, I performed this activity at the following level:

- a. Informal and amateur
b. Competitive
c. Semi-Professional
d. Professional

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Prior to the collision:

- a. I did not make money with this hobby
- b. I made money with this hobby
 - i. I made \$ _____/month on average with this hobby, as reported to the IRS.

After this Collision, I performed this hobby activity at the following level:

- a. I can't perform the activity at all
- b. Informal and amateur
- c. Competitive
- d. Semi-Professional
- e. Professional

After this collision:

- a. I do not make money with this hobby
- b. I make money with this hobby
 - i. I make \$ _____/month on average with this hobby, as reported.

Duration of Symptoms

- a. I did not enjoy this activity for _____ weeks.
- b. My doctors have instructed me that my inability to perform this activity is a permanent condition.
- c. My problems in performing this activity is ongoing, but my doctors have not instructed me that the conditions is permanent.

Activity #4 _____

Prior to the Collision, I performed this activity at the following level:

- a. Informal and amateur
- b. Competitive
- c. Semi-Professional
- d. Professional

Prior to the collision:

- a. I did not make money with this hobby
- b. I made money with this hobby
 - i. I made \$ _____/month on average with this hobby, as reported to the IRS.

After this Collision, I performed this hobby activity at the following level:

- a. I can't perform the activity at all
- b. Informal and amateur
- c. Competitive

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- d. Semi-Professional
- e. Professional

After this collision:

- a. I do not make money with this hobby
- b. I make money with this hobby
 - i. I make \$ _____/month on average with this hobby, as reported.

Duration of Symptoms

- a. I did not enjoy this activity for _____ weeks.
- b. My doctors have instructed me that my inability to perform this activity is a permanent condition.
- c. My problems in performing this activity is ongoing, but my doctors have not instructed me that the conditions is permanent.

Sports Activities

I have lost enjoyment and ability to perform certain sports activities as a result of the injuries caused in this collision.

Sports Activity #1 _____

Prior to the Collision, I performed this sport at the following level:

- a. Informal / Social / Amateur
- b. Competitive
- c. Regionally Recognized
- d. Semi-Professional*
- e. Professional*

Prior to the collision:

- a. I did not make money with this sports activity
- b. I made money with this sports activity
 - i. I made \$ _____/month on average with this sports activity, as reported to the IRS.

After this Collision, I perform this activity at the following level:

- a. Informal / Social / Amateur
- b. Competitive
- c. Regionally Recognized
- d. Cannot Play the Original Sport
- e. Cannot Play Any Sports

After the collision:

- a. I do not make money with this sports activity
- b. I make money with this sports activity

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i. I make \$ _____/month on average with this sports activity, as reported to the IRS.

Duration of Symptoms

- a. I did not enjoy this activity for _____ weeks.
- b. My doctors have instructed me that my inability to perform this activity is a permanent condition.
- c. My problems in performing this activity is ongoing, but my doctors have not instructed me that the conditions is permanent.

Sports Activity #2 _____

Prior to the Collision, I performed this sport at the following level:

- a. Informal / Social / Amateur
- b. Competitive
- c. Regionally Recognized
- d. Semi-Professional*
- e. Professional*

Prior to the collision:

- a. I did not make money with this sports activity
- b. I made money with this sports activity
 - i. I made \$ _____/month on average with this sports activity, as reported to the IRS.

After this Collision, I perform this activity at the following level:

- a. Informal / Social / Amateur
- b. Competitive
- c. Regionally Recognized
- d. Cannot Play the Original Sport
- e. Cannot Play Any Sports

After the collision:

- a. I do not make money with this sports activity
- b. I make money with this sports activity
 - i. I made \$ _____/month on average with this sports activity, as reported to the IRS.

Duration of Symptoms

- a. I did not enjoy this activity for _____ weeks.
- b. My doctors have instructed me that my inability to perform this activity is a permanent condition.
- c. My problems in performing this activity is ongoing, but my doctors have not instructed me that the conditions is permanent.

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Vacationing / Travel Activities

I have lost enjoyment and ability to perform certain traveling activities as a result of the injuries caused in this collision.

Traveling Activity #1 _____

Prior to the Collision, I performed this activity at the following level:

- a. Pleasure Travel
- b. Business Travel
- c. Yearly
- d. Seasonal

After this Collision, I altered this travel in the following way:

- a. I cancelled the travel plans
- b. I didn't make the normal travel plans
- c. I altered the travel plans due to the injury
- d. I went, but with an increased level of pain
- e. I went, but was impaired in my activities
- f. I went and had minimal trouble
- g. I went and had no trouble

Traveling Activity #2 _____

Prior to the Collision, I performed this activity at the following level:

- a. Pleasure Travel
- b. Business Travel
- c. Yearly
- d. Seasonal

After this Collision, I altered this travel in the following way:

- a. I cancelled the travel plans
- b. I didn't make the normal travel plans
- c. I altered the travel plans due to the injury
- d. I went, but with an increased level of pain
- e. I went, but was impaired in my activities
- f. I went and had minimal trouble
- g. I went and had no trouble

Traveling Activity #3 _____

Prior to the Collision, I performed this activity at the following level:

- a. Pleasure Travel
- b. Business Travel
- c. Yearly

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d. Seasonal

After this Collision, I altered this travel in the following way:

- a. I cancelled the travel plans
- b. I didn't make the normal travel plans
- c. I altered the travel plans due to the injury
- d. I went, but with an increased level of pain
- e. I went, but was impaired in my activities
- f. I went and had minimal trouble
- g. I went and had no trouble

- I have been unable to engage in any car travel since my collision, due to my injuries.
- I have been unable to engage in any plane travel since my collision, due to my injuries.
- I have been unable to engage in any train travel since my collision, due to my injuries.
- I have been unable to engage in any boat travel since my collision, due to my injuries.

Please List any other activity that you are no longer able to do because of your injuries: _____

Patient Name Printed: _____ Date: _____

All of the above truly reflects what I am not able to do since the onset of my injuries/condition.

Patient Signature; _____