

SmartInjuryForms©

Duties Under Duress

Duties Under Duress Index

Have you **continued to do** any of the following activities despite the pain, discomfort or loss of function caused by your injuries? Please fill this in and then sign and date this form as a part of your injury records. This is geared toward any current injuries are how they may be affecting your functional ability to perform these activities.

Work

Why have you continued to work?

- I would lose my job if I took time off.
- I couldn't support my family otherwise.
- I don't believe in taking time off even when I am injured or in pain.
- My business would fail if I did not work.
- I cannot take time off, because I care for my own children.
- Other: _____

I have experienced the following changes in my ability to perform at work:

- a. Mobility / Stability Problems
 - i. Climbing
 - ii. Kneeling
 - iii. Lifting
 - iv. Walking for Long Periods
- b. Dexterity Problems
 - i. Finger Movements
 - ii. Wrist Movements
- c. Problems with Fatigue
- d. Postural Difficulties
 - i. Bending
 - ii. Sitting for Long Periods
 - iii. Standing for Long Periods
 - iv. Stooping
- e. Problems with Anxiety / Depression
- f. Problems with Vertigo or Spinning Sensations
 - i. Dizziness
 - ii. Giddiness
 - iii. Sensation of Irregular Motion
 - iv. Sensation of Whirling Motion
- g. Problems with Tinnitus or Ringing in the Ears
- h. Problems with Reduced Concentration
 - i. Can't Concentrate
 - ii. Can't Think Properly
 - iii. Making Mistakes
- i. Pain
 - i. Where? _____

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Duties Under Duress

Duration of Symptoms

- a. I experienced problems doing my normal work activities for _____ weeks.
- b. My doctors have instructed me that my inability to perform my normal pre-accident work activities without pain is a permanent condition.
- c. My problems in performing my normal work activities is ongoing, but my doctors have not instructed me that the conditions is permanent.

Domestic Duties

I have experienced pain while performing the following activities *inside* my home, but have done them anyway:

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

Due to my injuries, I have brought in the following assistance:

- a. Paid Housekeeper
- b. Unpaid Assistance
- c. None

My family status would best be described as:

- a. Single
- b. Single Parent at Home
- c. Spouse Only
- d. Spouse and Children at Home

I have the following number of children:

- a. 0
- b. 1
- c. 2
- d. 3
- e. 4
- f. 5
- g. _____

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Duties Under Duress

The number of my children in the following age category is:

- a. Number of children 0 to 5 years: _____
- b. Number of children 5-11 years: _____
- c. Number of children older than 11: _____

Domestic Assistance

- a. I do receive domestic assistance
- b. I do not receive domestic assistance

Duration of Symptoms

- a. I experienced problems doing my normal domestic activities for _____ weeks.
- b. My doctors have instructed me that my inability to perform my normal pre-accident domestic activities without pain is a permanent condition.
- c. My problems in performing my normal domestic activities is ongoing, but my doctors have not instructed me that the conditions is permanent.

Household

I have experienced problems with 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: _____

Duration of Symptoms

- a. I experienced problems doing my normal household activities for _____ weeks.
- b. My doctors have instructed me that my inability to perform my normal pre-accident household activities without pain is a permanent condition.
- c. My problems in performing my normal household activities is ongoing, but my doctors have not instructed me that the conditions is permanent.

Studies / Educational Duties

As a student I have experienced problems with one of the following activities since the collision:

- a. Carrying Books
- b. Sitting in Classes
- c. Looking Down to Read Textbooks
- d. Other: _____

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Duties Under Duress

I have also experienced the following changes in my ability to perform at school as a result of injuries sustained in this collision:

- a. Mobility / Stability Problems
 - i. Climbing
 - ii. Kneeling
 - iii. Lifting
 - iv. Walking for Long Periods
- b. Dexterity Problems
 - i. Finger Movements
 - ii. Wrist Movements
- c. Problems with Fatigue
- d. Postural Difficulties
 - i. Bending
 - ii. Sitting for Long Periods
 - iii. Standing for Long Periods
 - iv. Stooping
- e. Problems with Anxiety / Depression
- f. Problems with Vertigo or Spinning Sensations
 - i. Dizziness
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 - iii. Sensation of Irregular Motion
 - iv. Sensation of Whirling Motion
- g. Problems with Tinnitus or Ringing in the Ears
- h. Problems with Reduced Concentration
 - i. Can't Concentrate
 - ii. Can't Think Properly
 - iii. Making Mistakes
- i. Pain: Where? _____

At the time of this collision, my education would best be described as:

- a. High School
- b. Apprenticeship Studies
- c. Technical College
- d. University
- e. Correspondence Course

My attendance before the collision is best described as:

- a. Full Time
- b. Part Time

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Duties Under Duress

Your Name Printed: _____ Date: _____

Everything that I have indicated above truly reflects that problems that I have had as a direct result of my injuries.

Your Signature; _____