

## WORK INJURY QUESTIONNAIRE

NAME: \_\_\_\_\_ Date & Time of Injury: \_\_\_\_\_

1. Describe your incident in a few sentences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Did you report your incident to your supervisor?  No  Yes

If Yes, What is your supervisor's name? \_\_\_\_\_

3. Did your employer send you to a doctor?  No  Yes If yes, Doctor's name, date, findings & treatment: \_\_\_\_\_

\_\_\_\_\_

4. Did you go to a doctor on your own?  No  Yes If yes, Doctor's name, date, findings & treatment: \_\_\_\_\_

\_\_\_\_\_

5. Are there any other problems that affect your employment? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Does your job cause you to favor one side of your body? \_\_\_\_\_

7. Before the injury were you capable of performing equal work with others your age?

\_\_\_\_\_

8. Have you injured this part of your body before? \_\_\_\_\_

\_\_\_\_\_

9. What is the name and address of your employer? \_\_\_\_\_

\_\_\_\_\_

10. Have you hired an attorney?  No  Yes

If yes, what is your attorney's name, address and phone number? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_