

# Household & Domestic: Duties Under Duress & Loss of Enjoyment

Patient \_\_\_\_\_ Date of Accident \_\_\_\_\_

Describe how the accident has affected your household duties outside the home (i.e. Mowing, gardening, yardwork, house painting, transporting family, shopping, taking out trash etc.) And your domestic duties inside the home ( i.e. Vacuuming, cooking, picking up children, caring for children, dusting, cleaning bathrooms, laundry, washing windows/mirrors, etc.)

Duty \_\_\_\_\_

- I can only do this \_\_\_\_\_ minutes at a time since the accident
- I have been limited because I had trouble  lifting  bending  standing  walking
- I have had to take  prescription  over-the-counter medications to do this
- I had to do this because  I have no other help  because I care for the children
- I have experienced the following problems when I do this activity:
  - Range of motion/movements restricted in my body
  - Pain in my \_\_\_\_\_
  - Headaches  Muscle Spasms  Dizziness  Visual Disturbance
  - Sleep Disruption/Tired/Fatigue/Dozing of/Must rest for a while
  - Radiating pain into my \_\_\_\_\_
  - Anxiety or depression  TMJ/jaw pain or clicking
  - It has taken me longer to do this activity than before the accident

Duty \_\_\_\_\_

- I have been able to do this \_\_\_\_\_ minutes at a time since the accident
- I have been limited because I had trouble  lifting  bending  standing  walking
- I have had to take  prescription  over-the-counter medications to do this
- I had to do this because  I have no other help  because I care for the children
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\_\_\_\_\_  
Signature of patient

\_\_\_\_\_  
Date completed