Pow-HER Chiropractic 600 Jefferson Plaza Suite 350 www.powherchiro.com
Dr. Cheryl Lee-Pow Rockville MD 20852 301-279-9009

Patient Name: ____ Date: ___/_____/20___

Duties Under Duress Summary

Complete the following questionnaire as it relates to how your injury(s) affect your performance of your living and work duties. Place a check in front of 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. Then check mark the appropriate box designating reason for difficulty. Include those duties/responsibilities which require that you reduce the time you are capable of performing them.

Job description: ____

N/A	Work	Reason for the difficulty
______	Lifting	□ Increased Pain □ Restricted movement □ Weakness
______	Bending	□ Increased Pain □ Restricted movement □ Weakness
______	Sitting	□ Increased Pain □ Restricted movement □ Weakness
______	Walking	□ Increased Pain □ Restricted movement □ Weakness
______	Computer duties	□ Increased Pain □ Restricted movement □ Fatigue
Other:	______________	□ Increased Pain □ Restricted movement □ Weakness

N/A	Studies/School	Reason for the difficulty
______	Lifting	□ Increased Pain □ Restricted movement □ Weakness
______	Bending	□ Increased Pain □ Restricted movement □ Weakness
______	Sitting	□ Increased Pain □ Restricted movement □ Weakness
______	Walking	□ Increased Pain □ Restricted movement □ Weakness
______	Computer duties	□ Increased Pain □ Restricted movement □ Fatigue
______	Studying	□ Increased Pain □ Restricted movement □ Fatigue
Other:	_______________	□ Increased Pain □ Restricted movement □ Weakness

N/A	Domestic Duties	Reason for the difficulty
______	Vacuuming	□ Increased Pain □ Restricted movement □ Fatigue
______	Taking care of kids	□ Increased Pain/Anxiety □ Restricted movement □ Fatigue
______	Cleaning	□ Increased Pain □ Restricted movement □ Fatigue
______	Preparing Meals	□ Increased Pain □ Restricted movement □ Fatigue
______	Other: __________	□ Increased Pain/Anxiety □ Restricted movement □ Fatigue

N/A	Household Duties	Reason for the difficulty
______	Yardwork	□ Increased Pain □ Restricted movement □ Fatigue
______	Transportation	□ Increased Pain/Anxiety □ Restricted movement □ Fatigue
______	Shopping	□ Increased Pain/Anxiety □ Restricted movement □ Fatigue
______	Taking out trash	□ Increased Pain □ Restricted movement □ Weakness
______	Other: _________	□ Increased Pain/Anxiety □ Restricted movement □ Fatigue

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Opportunity for Enjoyment Summary

Complete the following questionnaire as it relates to the **activities** (work related or otherwise) **you normally would be enjoying** - but are **currently not enjoying** as a result of your injury(s).
Include all activities which you:

- can no longer do or perform, and/or
- cannot do or perform as often as you did before your injury

Job description____

N/A	**Work**	**Reason for the limitation**
_____	Lifting	□ Increased Pain □ Restricted movement □ Weakness
_____	Bending	□ Increased Pain □ Restricted movement □ Weakness
_____	Walking	□ Increased Pain □ Restricted movement □ Fatigue
_____	Computer duties	□ Increased Pain □ Restricted movement □ Fatigue
Other:	______________	□ Increased Pain/Anxiety □ Restricted movement □ Fatigue

N/A	**Studies/School**	**Reason for the limitation**
_____	Lifting	□ Increased Pain □ Restricted movement □ Weakness
_____	Bending	□ Increased Pain □ Restricted movement □ Weakness
_____	Sitting	□ Increased Pain □ Restricted movement □ Fatigue
_____	Walking	□ Increased Pain □ Restricted movement □ Fatigue
_____	Computer duties	□ Increased Pain □ Restricted movement □ Fatigue
_____	Studying	□ Increased Pain □ Restricted movement □ Fatigue
Other:	_____________	□ Increased Pain □ Restricted movement □ Fatigue

N/A	**Domestic Duties**	**Reason for the limitation**
_____	Vacuuming	□ Increased Pain □ Restricted movement □ Fatigue
_____	Taking care of kids	□ Increased Pain/Anxiety □ Restricted movement □ Fatigue
_____	Cleaning	□ Increased Pain □ Restricted movement □ Fatigue
_____	Preparing Meals	□ Increased Pain □ Restricted movement □ Fatigue
_____	Other: _________	□ Increased Pain □ Restricted movement □ Fatigue

N/A	**Household Duties**	**Reason for the limitation**
_____	Yardwork	□ Increased Pain □ Restricted movement □ Fatigue
_____	Transportation	□ Increased Pain/Anxiety □ Restricted movement □ Fatigue
_____	Shopping	□ Increased Pain/Anxiety □ Restricted movement □ Fatigue
_____	Taking out trash	□ Increased Pain □ Restricted movement □ Weakness
_____	Other: _________	□ Increased Pain □ Restricted movement □ Weakness

N/A	**Sports**	**Reason for the limitation**
Name Sport:	____________	□ Increased Pain □ Restricted movement □ Weakness

Pre-accident level of participation: □ Socially □ Competitively □ Professionally