

LIFE ACTIVITY CALENDAR[®]

PERSONAL INJURY CHECKLIST

ATTORNEY INFORMATION:

Attorney Name: _____ Date: ____/____/____

Firm: _____

Street: _____

City, State, Zip: _____

Telephone: (____) _____ Facsimile: (____) _____

Email: _____

Case Name: _____

CLIENT INFORMATION:

Name of Injured Person: _____ Gender: M F

Date of Birth: ____/____/____ Date of Injury: ____/____/____ Type of Injury: _____

Occupation: _____

PLEASE CHECK:

Plaintiff Defense Attorney needs LIFE ACTIVITY CALENDAR by ____/____/____

Standard 8 1/2" X 11" Settlement Size (3 copies) - **\$900.00** \$ _____

Extra copies: _____ copies @ \$75.00 each \$ _____

Special rush service available - call for details \$ _____

Trial Size calendar available - call for details \$ _____

TOTAL: \$ _____

Enclosed is a check payable to **Robert W. Johnson & Associates**
or

Please charge my: MC AMEX VISA Card # _____

Name as printed on card: _____ Expires: ____/____/____

Zip code of credit card billing address: _____

Signature: _____ Date: ____/____/____

Note: Processing time of 5 business days starts **after** fee and completed checklist are received.

All fees and rates are subject to change without notice.

Robert W. Johnson & Associates

4984 El Camino Real • Suite 210 • Los Altos, CA 94022

650/494-2413 • 800/541-7435 • FAX 650/494-2454

Website: www.rwja.com • **Email:** info@rwja.com

Personal Injury Case

ATTORNEY SUGGESTIONS:

- Your client's LIFE ACTIVITY CALENDAR will be developed based solely on the information completed in this checklist.
 - We urge that you, or a member of your staff, work with your client and/or the client's family to ensure that the information supplied is as accurate and complete as possible.
 - Please read through the entire checklist before completing the forms. Robert W. Johnson & Associates prefer to answer your questions before completion of the checklist. This will incur less additional expense for corrections or re-creation of the LIFE ACTIVITY CALENDAR at a later date.
- Note:** STANDARD PROCESSING TIME (5 business days) begins only **after** the completed checklist **and** fee are received by Robert W. Johnson & Associates.

INSTRUCTIONS FOR FILLING OUT CHECKLIST:

- The information completed in this checklist should represent a typical or average year in your life before your injury, and a typical or average year in your life after your injury. The checklist consists of three columns to be completed.
- 1. NAME OF ACTIVITY** - List **only** activities in which you (plaintiff) participated before the injury and **which were reduced or eliminated as a result of the injury**. Since this checklist is general in nature, not all of the categories will apply to you directly. Cross out and change wording where necessary.
 - Indicate the total number of months per year during which you participated in the activity.
 - Indicate the average total number of weeks per month (assume four weeks per month) you did the activity.
 - Then complete the average number of days per week (not the specific week days) you participated in the activity. Complete the After squares in the same manner.
 - 2. MONTHS** - Indicate, by marking the appropriate circles, the actual months in which you participated in the activity during a typical year before the injury. On the second line, mark the squares showing the months during which you participated in the activities after the injury.
 - 3. FREQUENCY OF ACTIVITY** -

Note: There is a category called "Weekend Events." **However, if one or more of your listed weekday activities also happened on the weekend, please indicate by writing "Sat" or "Sun" or both after the name of this activity.**

EXAMPLE:

Suppose Ms. Brown used to go bicycling every day of the week (7 days) in the months March through November. However, after her injury,

she could only do so one (1) day per week, June through August. Here is how Ms. Brown would record this on the LAC Checklist.

NAME OF ACTIVITY	MONTHS Mark those months in which the activity occurred	FREQUENCY OF ACTIVITY																																																																													
4. RECREATIONAL: (a) Taking Walks (b) Bicycling	<table border="0"> <tr> <td></td> <td>Jan</td> <td>Feb</td> <td>Mar</td> <td>Apr</td> <td>May</td> <td>Jun</td> <td>Jul</td> <td>Aug</td> <td>Sep</td> <td>Oct</td> <td>Nov</td> <td>Dec</td> </tr> <tr> <td>Before</td> <td>(J)</td> <td>(F)</td> <td>(M)</td> <td>(A)</td> <td>(M)</td> <td>(J)</td> <td>(J)</td> <td>(A)</td> <td>(S)</td> <td>(O)</td> <td>(N)</td> <td>(D)</td> </tr> <tr> <td>After</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>Before</td> <td>(J)</td> <td>(F)</td> <td>(●)</td> <td>(●)</td> <td>(●)</td> <td>(●)</td> <td>(●)</td> <td>(●)</td> <td>(●)</td> <td>(●)</td> <td>(●)</td> <td>(D)</td> </tr> <tr> <td>After</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> <td>[]</td> </tr> </table>		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Before	(J)	(F)	(M)	(A)	(M)	(J)	(J)	(A)	(S)	(O)	(N)	(D)	After	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	Before	(J)	(F)	(●)	(●)	(●)	(●)	(●)	(●)	(●)	(●)	(●)	(D)	After	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	<table border="1"> <tr> <td>MONTH(S) Per YEAR</td> <td>WEEK(S) Per MONTH</td> <td>DAY(S) Per WEEK</td> </tr> <tr> <td>[]</td> <td>[]</td> <td>[]</td> </tr> <tr> <td>9</td> <td>4</td> <td>7</td> </tr> <tr> <td>3</td> <td>4</td> <td>1</td> </tr> </table>	MONTH(S) Per YEAR	WEEK(S) Per MONTH	DAY(S) Per WEEK	[]	[]	[]	9	4	7	3	4	1
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NAME OF ACTIVITY	MONTHS (Mark those months in which the activity occurred)	FREQUENCY OF ACTIVITY
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1. VACATIONS:

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
(a) Winter	Before	J	F	M	A	M	J	J	A	S	O	N	D	MONTH(S) per YEAR	WEEK(S) per MONTH	DAY(S) per WEEK
	After	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(b) Summer	Before	J	F	M	A	M	J	J	A	S	O	N	D	MONTH(S) per YEAR	WEEK(S) per MONTH	DAY(S) per WEEK
	After	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(c) _____	Before	J	F	M	A	M	J	J	A	S	O	N	D	MONTH(S) per YEAR	WEEK(S) per MONTH	DAY(S) per WEEK
	After	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
(d) _____	Before	J	F	M	A	M	J	J	A	S	O	N	D	MONTH(S) per YEAR	WEEK(S) per MONTH	DAY(S) per WEEK
	After	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

2. BIRTHDAYS:

List birthdays, and indicate with a check mark those which the subject actually celebrated with the named person.

Relationship to Plaintiff	Name	Date of Birth	Celebrated	
			Before injury	After injury
(a) _____	_____	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>
(b) _____	_____	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>
(c) _____	_____	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>
(d) _____	_____	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>
(e) _____	_____	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>
(f) _____	_____	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>
(g) _____	_____	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>

3. ANNIVERSARIES:

List anniversaries, and indicate with a check mark those which the subject actually celebrated.

Name of Anniversary	Date of Anniversary	Celebrated	
		Before injury	After injury
(a) _____	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>
(b) _____	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>
(c) _____	___/___/___	<input type="checkbox"/>	<input type="checkbox"/>

Mark only those activities which were **greatly reduced or eliminated** as a result of the injury.

NAME OF ACTIVITY	MONTHS (Mark those months in which the activity occurred)	FREQUENCY OF ACTIVITY
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4. WORK: (a) _____	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec	MONTH(S) per YEAR WEEK(S) per MONTH DAY(S) per WEEK		
	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>		

5. HOME:	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec	MONTH(S) per YEAR WEEK(S) per MONTH DAY(S) per WEEK			
	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
(a) Yard Work	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
(b) Gardening	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
(c) Shopping	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
(d) Laundry	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
(e) Cleaning Floors	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
(f) Washing Dishes	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
(g) Car Maintenance	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
(h) _____	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
(i) _____	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
(j) _____	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			

6. WEEKEND EVENTS:	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec	MONTH(S) per YEAR WEEK(S) per MONTH DAY(S) per WEEK			
	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
(a) Parties	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
(b) Overnight Trips	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			
(c) _____	Before <input type="radio"/> J <input type="radio"/> F <input type="radio"/> M <input type="radio"/> A <input type="radio"/> M <input type="radio"/> J <input type="radio"/> J <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table>			

Mark only those activities that were **greatly reduced or eliminated** as a result of the injury.

NAME OF ACTIVITY	MONTHS (Mark those months in which the activity occurred)	FREQUENCY OF ACTIVITY
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	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec	MONTH(S) per YEAR WEEK(S) per MONTH DAY(S) per WEEK			
7. RECREATIONAL:					
(a) Taking Walks.....	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>			
(b) Bicycling	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>			
(c) Aerobics/Workouts	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>			
(d) Fishing	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>			
(e) _____	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>			
(f) _____	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>			
(g) _____	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>			
(h) _____	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>			

	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec	MONTH(S) per YEAR WEEK(S) per MONTH DAY(S) per WEEK			
8. ENTERTAINMENT:					
(a) Dining Out	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>			
(b) Attending Movies	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>			
(c) Sporting Events	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>			
(d) _____	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>			
(e) _____	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>			
(f) _____	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>			
(g) _____	Before <input type="checkbox"/> J <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> J <input type="checkbox"/> J <input type="checkbox"/> A <input type="checkbox"/> S <input type="checkbox"/> O <input type="checkbox"/> N <input type="checkbox"/> D After <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 33%;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr> </table>			

Mark only those activities that were **greatly reduced or eliminated** as a result of the injury.

NAME OF ACTIVITY	MONTHS (Mark those months in which the activity occurred)												FREQUENCY OF ACTIVITY		
9. PERSONAL ACTIVITIES: (a) Conversation (b) Uninterrupted Sleep (c) _____	Before After	Jan Feb Mar <input type="radio"/> <input type="radio"/> <input type="radio"/>	Apr May Jun <input type="radio"/> <input type="radio"/> <input type="radio"/>	Jul Aug Sep <input type="radio"/> <input type="radio"/> <input type="radio"/>	Oct Nov Dec <input type="radio"/> <input type="radio"/> <input type="radio"/>							MONTH(S) per YEAR	WEEK(S) per MONTH	DAY(S) per WEEK	
10. SPECIAL ACTIVITIES: (a) Organizations (name) (b) Church (c) _____	Before After	Jan Feb Mar <input type="radio"/> <input type="radio"/> <input type="radio"/>	Apr May Jun <input type="radio"/> <input type="radio"/> <input type="radio"/>	Jul Aug Sep <input type="radio"/> <input type="radio"/> <input type="radio"/>	Oct Nov Dec <input type="radio"/> <input type="radio"/> <input type="radio"/>							MONTH(S) per YEAR	WEEK(S) per MONTH	DAY(S) per WEEK	
11. ACTIVITIES W/ FAMILY, RELATIVES & FRIENDS: (a) Reading to children (b) Playing w/ Children (c) Caring for Children (d) Visiting parents (e) Visiting Grandparents (f) Visiting Friends (g) _____ (h) _____	Before After	Jan Feb Mar <input type="radio"/> <input type="radio"/> <input type="radio"/>	Apr May Jun <input type="radio"/> <input type="radio"/> <input type="radio"/>	Jul Aug Sep <input type="radio"/> <input type="radio"/> <input type="radio"/>	Oct Nov Dec <input type="radio"/> <input type="radio"/> <input type="radio"/>							MONTH(S) per YEAR	WEEK(S) per MONTH	DAY(S) per WEEK	

Mark only those activities that were **greatly reduced or eliminated** as a result of the injury.