How this injury has affected me

Name: Phone Number:

If possible, please type out your detailed responses to “How this injury has affected me” either using bullet points or complete sentences. If typing is not possible, please handwrite your responses using the following.

This injury has affected me in the following ways (use additional sheets if needed)

Recreationally (for example: sports, walking, running, hobbies, etc)

Professionally / Work (for example: cannot sit for more than 15 minutes, have increased pain, tasks are more difficult – please add specifics)

At home / home activities (for example: weeding, housework, cooking, laundry, etc)