## **AUTOMOBILE ACCIDENT QUESTIONNAIRE**

Patient's Name:			Toda	y's Date:
Date of Accident:				
	STIONS PERTAIN TO Y	OU AND THE VE		'ERE IN:
Vehicle type:			Vehicle size:	
□Car □Pickup		Subcompact		
□Van □Truck		Compact		
☐Station Wagon		□Bus		
Other		<b>⊔</b> Heavy	<b>⊔</b> Other	
Your position in the ve	<u>hicle:</u>			
Driver		<b></b>		
	cation   Left			
	Front Pas			
Speed of your vehicle:				wed or stopped:
UStopped UMo	ving Moderately		ic Signal 🖵Parl	•
□Parked □Mo	ving Fast		estrian 🏻 🗖 Traf	
	ving at apprxMPH	⊔Stop	Sign ☐Bus	y Intersection
☐Moving Slowly				
Collision Type:	_			
☐Driver Side Impact				
	ct 🔲 Rear Impac			
☐Front Impact	□Pedestrian	Incident		
THE FOLLOWING QUE	CTIONS CONCERN THE	OTHER VEHICL	E INVOLVED I	IN THE ACCIDENT.
Vehicle type:	STIONS CONCERN THE	OTHER VEHICL	.E INVOLVED I Vehicle size:	N THE ACCIDENT:
□Car □Pickup		□Subo	compact □Full	-size
□Van □Truck		☐Compact	•	
☐Station Wagon		□Bus		□I jaht
Other				er
		_		
	TIME OF THE ACCIDEN		4	Vielbiliter communication discu
Time of day: □Full daylight	Road Conditions:	<u>Visibili</u>		Visibility compromised by:
		□Exce	-	☐Brightness
□Dawn	□Damp	□Good	d	Darkness
□Dusk	□Wet	□Fair		Rain
□Night	☐Snow covered	□Poor		□Snow
	☐Ice covered			□Fog
	☐Patchy Ice/Snow			☐Traffic
THE FOLLOWING QUE	STIONS CONCERN TH	E MOMENT OF II	MPACT OF THE	E ACCIDENT:
Were you				heck all that apply)
☐Totally unaware that the	ne accident was impendir	ng	☐Seat belt	
☐Aware that the accide	nt was impending	-	☐Shoulder ha	irness
	nt was impending and bra	aced for it	☐No restraints	S
If you were the driver of the	ne vehicle, was your foot o	on the brake pedal	<u>?</u> □Yes □No □	Knocked off by impact
Was the air bag deploy				n was YOUR headrest in?
☐Car not equipped with			High position	
☐Air bag deployed	an Jug		☐Middle positi	
☐ Air bag deployed ☐ Air bag not deployed			Low positio	
, >aqot aopio (ou				• •

Position of YOUR head at time of	f impact?		Was y	our head throw	<u>/n?</u>
Facing straight ahead		☐Backward and then forward			
☐Tilted forward		□Forw	vard the	n backward	
☐Rotated to the left		☐To th	ne left	☐To the left the	nen the right
☐Rotated to the right		☐To th	ne right	☐To the right	, then the left
Basilian of Vanda la la stilland	<i>(</i>		14/		
Position of Your body at time of impact?  ☐Straight		Was your body thrown?  ☐Backward and then forward			
☐ Straight ☐ Tilted forward		☐ Forward ther			
Rotated to the left		☐To the left	Dackw		oon the right
		To the right		☐To the left the	=
☐Rotated to the right		Across the v	ahiala	☐To the right	, then the left
		Outside the		☐Under the v	ahiala
Damage to vehicle YOU were i	n·	-Outside the	Citatio		enicie
☐Incurred minimal damage	<u></u>	□Non	e issued		
☐Incurred moderate damage		□You			
☐Incurred severe damage				nicle natient was	a passenger of
☐Was totalled				er vehicle	a passeriger or
□Not known		□Not		er vernole	
and known			Suic		
AS A RESULT OF THE FORCE	OF THE COLLIS	ION, WHICH OE	SJECTS	IN THE VEHIC	LE DID YOUR BODY STRIKE?
<u>Head</u>		,		Left Arm	
☐Steering wheel	☐Right door		□Stee	ering wheel	☐Right door
□ Dashboard	☐Left window		□Das	hboard	☐Left window
□Windshield	☐Right windov	V	□Win	dshield	☐Right window
□Armrest	□Console		□Arm	rest	☐Console
□Headrest	☐Gear shift		□Hea	drest	☐Gear shift
☐Rear view mirror	□Fron	t seat		☐Rear view n	nirror
☐Left door	□Backseat		□Left	door	□Backseat
Right Arm	<b>D</b>		<b>¬</b> -	Torso	
☐Steering wheel	☐Right door			ering wheel	☐Right door
□Dashboard	Left window			hboard	☐Left window
□Windshield	☐Right windov	V		dshield	☐Right window
□Armrest	Console		□Arm		☐Console
□Headrest	☐Gear shift		□Hea		☐Gear shift
Rear view mirror	□Fron	t seat		☐Rear view n	
☐Left door	□Backseat		Left	door	□Backseat
Left Leg				Right Leg	
☐Steering wheel	☐Right door		□Stee	ering wheel	☐Right door
□Dashboard	Left window			hboard	Left window
□Windshield	☐Right window	v		dshield	☐Right window
☐Armrest	☐Console	v	□Arm		☐Console
☐Headrest	☐Gear shift		Hea		☐Gear shift
Rear view mirror	□ Fron	t soat		□Rear view n	
Left door	Backseat	i soai	Left		Backseat
Ecit door			Leit	4001	
THE FOLLOWING QUESTIONS	CONCERN THE	TIME PERIOD I	MMEDI	ATELY FOLLO	WING THE ACCIDENT:
Did you lose consciousness?			ollowin		did you feel?
□Yes		□Dizzy		□Weak	
□No		□Dazed		□Nervous	
		Disoriented		■Nauseated	

Were you able to	o walk unaided?	Where did you go?	
□Yes		☐Drove home	☐Drove to work
□No		☐Was driven home	☐Was driven to work
		☐Drove to hosp	oital
		☐Was driven to hospital	
		☐Taken to hospital via a	
Next day disco	omfort?	Did your major	complaints exist before the accident?
□increased □decreased □same		☐Yes ☐ No	_
In what areas di	d you IMMEDIATELY fee	el pain?	
□Head	Shoulder	□Left □Right	Hip □Left □Right
□Neck	Arm	□Left □Right	Thigh □Left □Right
□Upper back	Elbow	□Left □Right	Knee □Left □Right
☐Mid back	Wrist	□Left □Right	Calf □Left □Right
□Ribs	Hand	□Left □Right	Ankle □Left □Right
□Chest	Fingers  Left	☐Right Foot	□Left □Right
□Abdomen	Buttock	□Left □Right	Toes □Left □Right
□Low Back □Pe	elvis	· ·	Ü
In what areas d	id you experience lacera	ations (cuts)?	
□Head	Shoulder	□Left □Right	Hip □Left □Right
□Neck	Arm	□Left □Right	Thigh □Left □Right
□Upper back	Elbow	□Left □Right	Knee □Left □Right
☐Mid back	Wrist	□Left □Right	Calf □Left □Right
□Ribs	Hand	□Left □Right	Ankle □Left □Right
☐ IZID2	rianu		Allido — Loit — Right
☐Chest		•	□Left □Right
		☐Right Foot	<u> </u>
□Chest	Fingers	☐Right Foot	□Left □Right
□Chest □Abdomen □Low Back □P	Fingers	□Right Foot □Left □Right	□Left □Right
□Chest □Abdomen □Low Back □P	Fingers	□Right Foot □Left □Right □	□Left □Right
□Chest □Abdomen □Low Back □P At the hospital,	Fingers □Left Buttock Pelvis what areas were x-raye	□Right Foot □Left □Right  d? □Left □Right	□Left □Right Toes □Left □Right
□Chest □Abdomen □Low Back □P At the hospital, □Head	Fingers □Left Buttock Pelvis what areas were x-raye Shoulder	□Right Foot □Left □Right  □Left □Right □Left □Right	□Left □Right Toes □Left □Right Hip □Left □Right
□Chest □Abdomen □Low Back □F At the hospital, □Head □Neck	Fingers □Left Buttock Pelvis what areas were x-raye Shoulder Arm	Right Foot  Left Right  d?  Left Right  Left Right  Left Right  Left Right  Left Right	□Left □Right Toes □Left □Right  Hip □Left □Right  Thigh □Left □Right
□Chest □Abdomen □Low Back □P At the hospital, □Head □Neck □Upper back	Fingers Deft Buttock Pelvis what areas were x-raye Shoulder Arm Elbow	Right Foot  Left Right  d?  Left Right  Left Right  Left Right  Left Right  Left Right  Left Right	□Left □Right Toes □Left □Right  Hip □Left □Right Thigh □Left □Right Knee □Left □Right
□ Chest □ Abdomen □ Low Back □ P At the hospital, □ Head □ Neck □ Upper back □ Mid back	Fingers Deft Buttock Pelvis What areas were x-raye Shoulder Arm Elbow Wrist Hand	Right Foot  Left Right  d?  Left Right	□Left □Right Toes □Left □Right  Hip □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right
☐ Chest ☐ Abdomen ☐ Low Back ☐ P At the hospital, ☐ Head ☐ Neck ☐ Upper back ☐ Mid back ☐ Ribs ☐ Chest	Fingers Deft Buttock Pelvis What areas were x-raye Shoulder Arm Elbow Wrist Hand Fingers Deft	Right Foot Left Right  G? Left Right Right Right Right Right Right Right Foot	□Left □Right Toes □Left □Right  Hip □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Ankle □Left □Right □Left □Right □Left □Right
□ Chest □ Abdomen □ Low Back □ P At the hospital, □ Head □ Neck □ Upper back □ Mid back □ Ribs	Fingers DLeft Buttock Pelvis What areas were x-raye Shoulder Arm Elbow Wrist Hand Fingers DLeft Buttock	Right Foot Left Right  G? Left Right Right Right Right Right Right Right Foot	□Left □Right Toes □Left □Right  Hip □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Ankle □Left □Right
□ Chest □ Abdomen □ Low Back □ P At the hospital, □ Head □ Neck □ Upper back □ Mid back □ Ribs □ Chest □ Abdomen □ Low Back □ P	Fingers DLeft Buttock Pelvis What areas were x-raye Shoulder Arm Elbow Wrist Hand Fingers DLeft Buttock	Right Foot  Left Right  d?  Left Right  Right  Right  Right  Right  Right  Right  Right	□Left □Right Toes □Left □Right  Hip □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Ankle □Left □Right □Left □Right □Left □Right □Left □Right □Left □Right □Left □Right
□ Chest □ Abdomen □ Low Back □ P At the hospital, □ Head □ Neck □ Upper back □ Mid back □ Ribs □ Chest □ Abdomen □ Low Back □ P	Fingers Buttock Pelvis What areas were x-raye Shoulder Arm Elbow Wrist Hand Fingers DLeft Buttock Pelvis	Right Foot  Left Right  Control  Contro	□Left □Right Toes □Left □Right  Hip □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Ankle □Left □Right □Left □Right □Left □Right □Left □Right □Left □Right □Left □Right
□ Chest □ Abdomen □ Low Back □ P At the hospital, □ Head □ Neck □ Upper back □ Mid back □ Ribs □ Chest □ Abdomen □ Low Back □ P Where did you	Fingers  Buttock Pelvis what areas were x-raye Shoulder Arm Elbow Wrist Hand Fingers Buttock Pelvis experience pain on the	Right Foot Left Right    Right   Right	□Left □Right Toes □Left □Right  Hip □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Ankle □Left □Right □Left □Right □Left □Right Toes □Left □Right  Cident?  Hip □Left □Right
□ Chest □ Abdomen □ Low Back □ P At the hospital, □ Head □ Neck □ Upper back □ Mid back □ Ribs □ Chest □ Abdomen □ Low Back □ P Where did you □ Head □ Neck	Fingers DLeft Buttock Pelvis what areas were x-raye Shoulder Arm Elbow Wrist Hand Fingers DLeft Buttock Pelvis experience pain on the of Shoulder	Right Foot  Left Right  d?  Left Right	□Left □Right Toes □Left □Right  Hip □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Ankle □Left □Right
□ Chest □ Abdomen □ Low Back □ P At the hospital, □ Head □ Neck □ Upper back □ Mid back □ Ribs □ Chest □ Abdomen □ Low Back □ P Where did you □ Head □ Neck □ Upper back	Fingers Buttock Pelvis What areas were x-raye Shoulder Arm Elbow Wrist Hand Fingers DLeft Buttock Pelvis experience pain on the of Shoulder Arm	Right Foot  Left Right  d?  Left Right	□Left □Right Toes □Left □Right  Hip □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Ankle □Left □Right □Left □Right □Left □Right Toes □Left □Right  cident?  Hip □Left □Right Thigh □Left □Right
□ Chest □ Abdomen □ Low Back □ P At the hospital, □ Head □ Neck □ Upper back □ Mid back □ Ribs □ Chest □ Abdomen □ Low Back □ P Where did you □ Head □ Neck	Fingers Buttock Pelvis What areas were x-raye Shoulder Arm Elbow Wrist Hand Fingers DLeft Buttock Pelvis experience pain on the of Shoulder Arm Elbow	Right Foot Left Right    Right   Right	□Left □Right Toes □Left □Right  Hip □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Ankle □Left □Right □Left □Right Toes □Left □Right  Cident?  Hip □Left □Right Thigh □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right
□ Chest □ Abdomen □ Low Back □ P At the hospital, □ Head □ Neck □ Upper back □ Ribs □ Chest □ Abdomen □ Low Back □ P Where did you □ Head □ Neck □ Upper back □ Upper back □ Mid back	Fingers Buttock Pelvis What areas were x-raye Shoulder Arm Elbow Wrist Hand Fingers DLeft Buttock Pelvis experience pain on the of Shoulder Arm Elbow Wrist Hand Fingers Hand Pelvis Experience pain on the of Shoulder Arm Elbow Wrist Hand	Right Foot Left Right    Right   Right	□Left □Right Toes □Left □Right  Hip □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Ankle □Left □Right □Left □Right Toes □Left □Right  cident?  Hip □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Knee □Left □Right Knee □Left □Right Calf □Left □Right Ankle □Left □Right
□ Chest □ Abdomen □ Low Back □ P At the hospital, □ Head □ Neck □ Upper back □ Ribs □ Chest □ Abdomen □ Low Back □ P Where did you □ Head □ Neck □ Upper back □ Mid back □ Ribs	Fingers Buttock Pelvis What areas were x-raye Shoulder Arm Elbow Wrist Hand Fingers DLeft Buttock Pelvis experience pain on the of Shoulder Arm Elbow Wrist Hand Fingers Hand Pelvis Experience pain on the of Shoulder Arm Elbow Wrist Hand	Right Foot  Left Right  d?  Left Right	□Left □Right Toes □Left □Right  Hip □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Ankle □Left □Right □Left □Right Toes □Left □Right  Cident?  Hip □Left □Right Thigh □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right
□ Chest □ Abdomen □ Low Back □ P At the hospital, □ Head □ Neck □ Upper back □ Mid back □ Ribs □ Chest □ Abdomen □ Low Back □ P Where did you □ Head □ Neck □ Upper back □ Mid back □ Ribs □ Chest	Fingers Buttock Pelvis What areas were x-raye Shoulder Arm Elbow Wrist Hand Fingers Deft Buttock Pelvis experience pain on the off Elbow Wrist Hand Fingers Shoulder Arm Elbow Wrist Hand Fingers Deft Buttock  Shoulder Arm Elbow Wrist Hand Fingers Deft Buttock	Right Foot Left Right  d? Left Right Right Right Right Left Right	□Left □Right Toes □Left □Right  Hip □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Ankle □Left □Right □Left □Right Toes □Left □Right  Cident?  Hip □Left □Right Thigh □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Calf □Left □Right Ankle □Left □Right □Left □Right □Left □Right □Left □Right □Left □Right □Left □Right
□ Chest □ Abdomen □ Low Back □ P At the hospital, □ Head □ Neck □ Upper back □ Ribs □ Chest □ Abdomen □ Low Back □ P Where did you □ Head □ Neck □ Upper back □ Mid back □ Ribs □ Chest □ Abdomen □ Low Back □ P	Fingers Buttock Pelvis What areas were x-raye Shoulder Arm Elbow Wrist Hand Fingers Deft Buttock Pelvis experience pain on the off Elbow Wrist Hand Fingers Shoulder Arm Elbow Wrist Hand Fingers Deft Buttock  Shoulder Arm Elbow Wrist Hand Fingers Deft Buttock	Right Foot  Left Right  d?  Left Right	□Left □Right Toes □Left □Right  Hip □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Ankle □Left □Right □Left □Right Toes □Left □Right  Cident?  Hip □Left □Right Thigh □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Calf □Left □Right Ankle □Left □Right □Left □Right □Left □Right □Left □Right □Left □Right □Left □Right
□ Chest □ Abdomen □ Low Back □ P At the hospital, □ Head □ Neck □ Upper back □ Ribs □ Chest □ Abdomen □ Low Back □ P Where did you □ Head □ Neck □ Upper back □ Mid back □ Ribs □ Chest □ Abdomen	Fingers Buttock Pelvis What areas were x-raye Shoulder Arm Elbow Wrist Hand Fingers Deft Buttock Pelvis experience pain on the off Elbow Wrist Hand Fingers Shoulder Arm Elbow Wrist Hand Fingers Deft Buttock  Shoulder Arm Elbow Wrist Hand Fingers Deft Buttock	Right Foot  Left Right  d?  Left Right	□Left □Right Toes □Left □Right  Hip □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Ankle □Left □Right □Left □Right Toes □Left □Right  Cident?  Hip □Left □Right Thigh □Left □Right Thigh □Left □Right Knee □Left □Right Calf □Left □Right Calf □Left □Right Ankle □Left □Right □Left □Right □Left □Right □Left □Right □Left □Right □Left □Right