WORK-COMP QUESTIONAIRE

Name_____ **Approved by**_____ **(office use only)**

1) Date of Injury___/___/___   **2) Time of Injury**____: ____ **(AM / PM)**

3) Name of Employer At Time of Injury_____

4) Employer Address_____

5) City_____ **State**_____ **Zip**_____ **Phone # (   )**_____

6) In your own words, please describe how the injury occurred: _____
_____
_____
_____

7) Were you taken to an Emergency Room? (Yes/No)
          If yes, which one? St. Mary's / Waterbury / Midstate / Other _____

   a.   Where you taken by: ambulance / spouse / friend?
   b.
   c.   If you went to the Emergency Room, when did you go?
   d.
        (from the scene/ later same day/ next day/ other _____)

8) What treatment have you received? X-Rays (neck, back, shoulder, knees, _____) CT Scan (head) _____
        MRI _____ Medication: (Flexiril, Ibuprofen, Motrin, Vicodin, Soma, Oxycodone, Cyclobenzeprene, Percocet, Valium, Tylenol w/Codine, Naproxen, Skelaxin)

   Instructed to: (rest, apply ice, heating pad, take Motrin-Tylenol, Aleve)

9) Have you lost any time from work as a result of the accident? Yes / No

Prior to this injury were you experiencing any similar physical complaints?   (Y / N)

If "YES" please explain: _____

_____

10) Have you seen any other doctors for this injury? (Y / N)_____

11) Have you been treated at any other facility for this injury? (Y / N)_____

12) In terms of an 8-hour workday: (Circle number of hours for each activity)

          Sit   --- (1 2 3 4 5 6 7 8)

          Stand   --- (1 2 3 4 5 6 7 8)

          Walk   --- (1 2 3 4 5 6 7 8)

13) On the job, I perform the following activities: (Circle as many as apply)
        A) Bend/Stoop   B) Squat   C) Crawl   D) Climb   E) Reach above shoulders
        F) Crouch   G) Kneel H) Push/Pull   I) Maintain awkward posture

14) On the job, I regularly lift between:
        A) 1-10 lbs.   B) 11-24 lbs.   C) 25-34 lbs.   D) 35-50 lbs.   E) 51-74 lbs.   F) 75-100 lbs.

15) Are you required to bend while lifting? (Y / N)

16) Do you use your hands for repetitive movements such as: (Circle as many as apply)
        A)   Simple Grasping (left hand)   B) Firm Grasping (left hand)   C) Fine Manipulating (left hand)
        D)   Simple Grasping (right hand) E) Firm Grasping (right hand) F) Fine Manipulating(right hand)

Important: This form may be used in the determination of your Worker Compensation eligibility and
          the amount of compensation you are entitled.

TO PROTECT YOUR RIGHTS PLEASE FILL OUT THIS FORM CORRECTLY AND COMPLETELY!!