

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

**Duties Under Duress Summary**

Complete the following summary as it relates to your living and work duties and how the injury(s) are affecting your performance. List 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.

Work

- Lifting
- Bending
- Sitting
- Walking

Computer Duties

School

- Lifting
- Bending
- Sitting
- Walking
- Computer Duties

### Domestic Duties

- Vacuuming
- Taking Care of Kids
- Cleaning
- Preparing Meals

### Household Duties

- Yardwork
- Transportation
- Shopping
- Taking Out Trash