

LAW OFFICE  
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Client: \_\_\_\_\_

Date of Loss: \_\_\_\_\_

Please check the activities below which have been substantially limited, impaired, or affected by your injuries. Only check items that you would currently or would engage in. Feel free to add any comments on an additional sheet.

<i>Athletic &amp; Sports</i>	<i>Leisure Activities</i>	<i>Household Chores</i>	<i>Physical Functions</i>	<i>Mental &amp; Emotional</i>
<input type="checkbox"/> Softball/Baseball	<input type="checkbox"/> Dancing	<input type="checkbox"/> Cooking	<input type="checkbox"/> Standing	<input type="checkbox"/> Depression
<input type="checkbox"/> Football	<input type="checkbox"/> Shopping	<input type="checkbox"/> Baking	<input type="checkbox"/> Squatting	<input type="checkbox"/> Memory Loss
<input type="checkbox"/> Soccer	<input type="checkbox"/> Dining	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Bending to Side	<input type="checkbox"/> Confusion
<input type="checkbox"/> Walking	<input type="checkbox"/> Sightseeing	<input type="checkbox"/> Laundry	<input type="checkbox"/> Holding Objects	<input type="checkbox"/> Forgetfulness
<input type="checkbox"/> Running	<input type="checkbox"/> Entertaining	<input type="checkbox"/> Moving Items	<input type="checkbox"/> Climbing Hills	<input type="checkbox"/> Loneliness
<input type="checkbox"/> Swimming	<input type="checkbox"/> Dating	<input type="checkbox"/> Weeding	<input type="checkbox"/> Climbing Stairs	<input type="checkbox"/> Irritability
<input type="checkbox"/> Snow Sports	<input type="checkbox"/> Movies	<input type="checkbox"/> Lawn Care	<input type="checkbox"/> Sitting	<input type="checkbox"/> Anger
<input type="checkbox"/> Water Sports	<input type="checkbox"/> Parties	<input type="checkbox"/> Raking	<input type="checkbox"/> Bending Over	<input type="checkbox"/> Nightmares
<input type="checkbox"/> Golf	<input type="checkbox"/> Singing	<input type="checkbox"/> Car Maintenance	<input type="checkbox"/> Getting Up	<input type="checkbox"/> Hearing Loss
<input type="checkbox"/> Tennis	<input type="checkbox"/> Playing Music	<input type="checkbox"/> Carrying Children	<input type="checkbox"/> Jumping	<input type="checkbox"/> Humiliation
<input type="checkbox"/> Weightlifting	<input type="checkbox"/> Vacations	<input type="checkbox"/> Holding Children	<input type="checkbox"/> Lying Down	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Aerobics/Exercising	<input type="checkbox"/> Church	<input type="checkbox"/> Bathing Children	<input type="checkbox"/> Chewing	<input type="checkbox"/> Fear
<input type="checkbox"/> Bowling	<input type="checkbox"/> Picnics/BBQs	<input type="checkbox"/> Changing Diapers	<input type="checkbox"/> Swallowing	<input type="checkbox"/> Worry
<input type="checkbox"/> Biking	<input type="checkbox"/> Photography	<input type="checkbox"/> Picking Up Toys	<input type="checkbox"/> Sex	<input type="checkbox"/> Less Coordinated
<input type="checkbox"/> Camping	<input type="checkbox"/> Painting	<input type="checkbox"/> Playing w/Kids	<input type="checkbox"/> Kissing	<input type="checkbox"/> Balance Issues
<input type="checkbox"/> Climbing	<input type="checkbox"/> Sewing, Knitting	<input type="checkbox"/> Piggy Back Rides	<input type="checkbox"/> Touching	<input type="checkbox"/> Loss of Words
<input type="checkbox"/> Hiking	<input type="checkbox"/> Reading		<input type="checkbox"/> Bathing	<input type="checkbox"/> Sweating
<input type="checkbox"/> Boating/Sailing	<input type="checkbox"/> Typing/Internet		<input type="checkbox"/> Shampooing	
<input type="checkbox"/> Motorcycling	<input type="checkbox"/> Texting		<input type="checkbox"/> Showering	
<input type="checkbox"/> Scuba Diving	<input type="checkbox"/> Sleeping		<input type="checkbox"/> Combing Hair	
<input type="checkbox"/> Yoga	<input type="checkbox"/> Social Media		<input type="checkbox"/> Dressing	
<input type="checkbox"/> Volleyball			<input type="checkbox"/> Driving	
<input type="checkbox"/> Martial Arts				