AUTOMOBILE ACCIDENT QUESTIONNAIRE

Patient's Name:____________________________ Today's Date:_________

Date of Accident:___________________________

THE FOLLOWING QUESTIONS PERTAIN TO YOU AND THE VEHICLE YOU WERE IN:

Vehicle type:

- Car
- Pickup
- Van
- Truck
- Station Wagon
- Bus
- Other_______________

Vehicle size:

- Subcompact
- Full-size
- Compact
- Mini
- Mid-size
- Light
- Heavy
- Other________________

Your position in the vehicle:

- Driver
- Passenger -------- Location-------- Left / Middle / Right
- Other ________________ Front Passenger / Rear Passenger / Third Seat (rear)

Speed of your vehicle:

- Stopped
- Moving Moderately
- Parked
- Moving Fast
- Slowing
- Moving at apprx ____MPH
- Moving Slowly

Why Vehicle was slowed or stopped:

- Traffic Signal
- Parking
- Pedestrian
- Traffic
- Stop Sign
- Busy Intersection

Collision Type:

- Driver Side Impact
- Head On Collision
- Passenger Side Impact
- Rear Impact
- Front Impact
- Pedestrian Incident

THE FOLLOWING QUESTIONS CONCERN THE OTHER VEHICLE INVOLVED IN THE ACCIDENT:

Vehicle type:

- Car
- Pickup
- Van
- Truck
- Station Wagon
- Other_______________

Vehicle size:

- Subcompact
- Full-size
- Compact
- Mini
- Bus
- Mid-size
- Light
- Heavy
- Other________________

CONDITIONS AT THE TIME OF THE ACCIDENT:

Time of day:	**Road Conditions:**	**Visibility:**	**Visibility compromised by:**
Full daylight	Dry	Excellent	Brightness
Dawn	Damp	Good	Darkness
Dusk	Wet	Fair	Rain
Night	Snow covered	Poor	Snow
	Ice covered		Fog
	Patchy Ice/Snow		Traffic

THE FOLLOWING QUESTIONS CONCERN THE MOMENT OF IMPACT OF THE ACCIDENT:

Were you... ____

- Totally unaware that the accident was impending
- Aware that the accident was impending
- Aware that the accident was impending and braced for it

Restraints: (check all that apply)

- Seat belt
- Shoulder harness
- No restraints

If you were the driver of the vehicle, was your foot on the brake pedal? Yes / No / Knocked off by impact

Was the air bag deployed?
- Car not equipped with air bag
- Air bag deployed
- Air bag not deployed

What position was YOUR headrest in?
- High position
- Middle position
- Low position

Position of YOUR head at time of impact?
- Facing straight ahead
- Tilted forward
- Rotated to the left
- Rotated to the right

Was your head thrown...?
- Backward and then forward
- Forward then backward
- To the left
- To the left then the right
- To the right
- To the right, then the left

Position of Your body at time of impact?
- Straight
- Tilted forward
- Rotated to the left
- Rotated to the right

Was your body thrown...?
- Backward and then forward
- Forward then backward
- To the left
- To the left then the right
- To the right
- To the right, then the left
- Across the vehicle
- Outside the vehicle
- Under the vehicle

Damage to vehicle YOU were in:
- Incurred minimal damage
- Incurred moderate damage
- Incurred severe damage
- Was totalled
- Not known

Citations:
- None issued
- Yourself
- Driver of vehicle patient was a passenger of
- Driver of other vehicle
- Not sure

AS A RESULT OF THE FORCE OF THE COLLISION, WHICH OBJECTS IN THE VEHICLE DID YOUR BODY STRIKE?

Head
- Steering wheel
- Dashboard
- Windshield
- Armrest
- Headrest
- Rear view mirror
- Left door
- Right door
- Left window
- Right window
- Console
- Gear shift
- Front seat
- Backseat

Left Arm
- Steering wheel
- Dashboard
- Windshield
- Armrest
- Headrest
- Rear view mirror
- Left door
- Right door
- Left window
- Right window
- Console
- Gear shift
- Front seat
- Backseat

Right Arm
- Steering wheel
- Dashboard
- Windshield
- Armrest
- Right door
- Left window
- Right window
- Console

Torso
- Steering wheel
- Dashboard
- Windshield
- Armrest
- Right door
- Left window
- Right window
- Console

□ **Headrest**	□ **Gear shift**	□ **Headrest**	□ **Gear shift**
□ **Rear view mirror**	□ **Front seat**	□ **Rear view mirror**	□ **Front seat**
□ **Left door**	□ **Backseat**	□ **Left door**	□ **Backseat**

Left Leg		**Right Leg**	
□ **Steering wheel**	□ **Right door**	□ **Steering wheel**	□ **Right door**
□ **Dashboard**	□ **Left window**	□ **Dashboard**	□ **Left window**
□ **Windshield**	□ **Right window**	□ **Windshield**	□ **Right window**
□ **Armrest**	□ **Console**	□ **Armrest**	□ **Console**
□ **Headrest**	□ **Gear shift**	□ **Headrest**	□ **Gear shift**
□ **Rear view mirror**	□ **Front seat**	□ **Rear view mirror**	□ **Front seat**
□ **Left door**	□ **Backseat**	□ **Left door**	□ **Backseat**

THE FOLLOWING QUESTIONS CONCERN THE TIME PERIOD IMMEDIATELY FOLLOWING THE ACCIDENT:

Did you lose consciousness?

□ **Yes**
□ **No**

Immediately following the accident, did you feel...?

□ **Dizzy** □ **Weak**
□ **Dazed** □ **Nervous**
□ **Disoriented** □ **Nauseated**

Were you able to walk unaided?

□ **Yes**
□ **No**

Where did you go...?

□ **Drove home** □ **Drove to work**
□ **Was driven home** □ **Was driven to work**
□ **Drove to hospital** □ **Drove to school**
□ **Was driven to hospital** □ **Was driven to school**
□ **Taken to hospital via ambulance**

Next day discomfort...?

□ **increased** □ **decreased** □ **same**

Did your major complaints exist before the accident?

□ **Yes** □ **No**

In what areas did you IMMEDIATELY feel 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**	□ **Pelvis**			

In what areas did you experience lacerations (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**
□ **Chest**	**Fingers**	□ **Left** □ **Right**	**Foot**	□ **Left** □ **Right**

☐ **Abdomen**	**Buttock**	☐ **Left**	☐ **Right**	**Toes**	☐ **Left**	☐ **Right**
☐ **Low Back**	☐ **Pelvis**					

<u>At the hospital, what areas were x-rayed?</u>

☐ **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**	☐ **Pelvis**					

<u>Where did you experience pain on the day FOLLOWING the accident?</u>

☐ **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**	☐ **Pelvis**					

Patient's Signature:____