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: Vehicle size:

❑Car ❑Pickup ❑Subcompact ❑Full-size
❑Van ❑Truck ❑Compact ❑Mini
❑Station Wagon ❑Bus ❑Mid-size ❑Light
❑Other_____ ❑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: Why Vehicle was slowed or stopped:
❑Stopped ❑Moving Moderately ❑Traffic Signal ❑Parking
❑Parked ❑Moving Fast ❑Pedestrian ❑Traffic
❑Slowing ❑Moving at apprx ____MPH ❑Stop Sign ❑Busy Intersection
❑Moving Slowly

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: Vehicle size:
❑Car ❑Pickup ❑Subcompact ❑Full-size
❑Van ❑Truck ❑Compact ❑Mini
❑Station Wagon ❑Bus ❑Mid-size ❑Light
❑Other_____ ❑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 ❑Poor ❑Snow covered
❑Ice covered ❑Fog ❑Patchy Ice/Snow
❑Traffic

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

Were you... Restraints: (check all that apply)
❑Totally unaware that the accident was impending ❑Seat belt
❑Aware that the accident was impending ❑Shoulder harness
❑Aware that the accident was impending and braced for it ❑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? **What position was YOUR headrest in?**

❑Car not equipped with air bag ❑High position
❑Air bag deployed ❑Middle position
❑Air bag not deployed ❑ Low position

Position of YOUR head at time of impact? Was your head thrown...?

❑Facing straight ahead ❑Backward and then forward
❑Tilted forward ❑Forward then backward
❑Rotated to the left ❑To the left ❑To the left then the right
❑Rotated to the right ❑To the right ❑To the right, then the left

Position of Your body at time of impact? Was your body thrown...?

❑Straight ❑Backward and then forward
❑Tilted forward ❑Forward then backward
❑Rotated to the left ❑To the left ❑To the left then the right
❑Rotated to 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: Citations:

❑Incurred minimal damage ❑None issued
❑Incurred moderate damage ❑Yourself
❑Incurred severe damage ❑Driver of vehicle patient was a passenger of
❑Was totaled ❑Driver of other vehicle
❑Not known ❑Not sure

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

Head Left Arm

❑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

Right Arm Torso

❑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

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

❑Yes ❑Dizzy ❑Weak
❑No ❑Dazed ❑Nervous
❑Disoriented ❑Nauseated

Were you able to walk unaided? **Where did you go...?**

❑Yes ❑Drove home ❑Drove to work
❑No ❑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...? Did your major complaints exist before the accident?

❑increased ❑decreased ❑same ❑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

At the hospital, what areas were x-rayed?

❑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

Where did you experience pain on the day FOLLOWING the accident?

❑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:_____