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 ❑Bus
❑Other_____________

Vehicle size:

❑Subcompact ❑Full-size
❑Compact ❑Mini
❑Mid-size ❑Light
❑Heavy ❑Other_______________

CONDITIONS AT THE TIME OF THE ACCIDENT:

Time of day:

❑Full daylight
❑Dawn
❑Dusk
❑Night

Road Conditions:

❑Dry
❑Damp
❑Wet
❑Snow covered
❑Ice covered
❑Patchy Ice/Snow

Visibility:

❑Excellent
❑Good
❑Fair
❑Poor

Visibility comprimised by:

❑Brightness
❑Darkness
❑Rain
❑Snow
❑Fog
❑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

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

Did you lose conciousness?

❑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						

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						

Was the air bag deployed?

☐ Car not equipped with air bag
☐ Air bag deployed
☐ Air bag not deployed

Position of YOUR head at time of impact?

☐ Facing straight ahead
☐ Tilted forward
☐ Rotated to the left
☐ Rotated to the right

Position of Your body at time of impact?

☐ Straight
☐ Leaning forward
☐ Rotated to the left
☐ Rotated to the right

Damage to vehicle YOU were in:

☐ Incurred minimal damage
☐ Incurred moderate damage
☐ Incurred severe damage
☐ Was totalled
☐ Not known

What position was YOUR headrest in?

☐ Low position
☐ Middle position
☐ High position

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

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

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

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
☐ Headrest
☐ Rear view mirror
☐ Left door
☐ Right door
☐ Left window
☐ Right window
☐ Console
☐ Gear shift
☐ Front seat
☐ Backseat

Torso

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

Left Leg

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

Right Leg

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