the caporale center of natural health
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CONFIDENTIAL

automobile accident questionnaire

NAME (LAST, FIRST, MIDDLE)	TODAY'S DATE

DATE OF ACCIDENT	HAVE YOU RETAINED AN ATTORNEY?	ATTORNEY'S NAME (IF APPLICABLE)
	☐ Yes ☐ No	

IN YOUR OWN WORDS, DESCRIBE THE ACCIDENT:

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

VEHICLE TYPE:
- ☐ CAR
- ☐ VAN
- ☐ STATION WAGON
- ☐ SUV
- ☐ TRUCK
- ☐ BUS
- ☐ OTHER: _____

VEHICLE SIZE:
- ☐ SUBCOMPACT
- ☐ COMPACT
- ☐ MID-SIZE
- ☐ HEAVY
- ☐ FULL-SIZE
- ☐ MINI
- ☐ LIGHT
- ☐ OTHER: _____

YOUR POSITION IN THE VEHICLE
- ☐ DRIVER
- ☐ PASSENGER – FRONT MIDDLE
- ☐ PASSENGER – FRONT RIGHT
- ☐ PASSENGER – REAR LEFT
- ☐ PASSENGER – REAR MIDDLE
- ☐ PASSENGER – REAR RIGHT
- ☐ PASSENGER – THIRD ROW LEFT
- ☐ PASSENGER – THIRD ROW MIDDLE
- ☐ PASSENGER – THIRD ROW RIGHT
- ☐ OTHER: _____

SPEED OF YOUR VEHICLE
- ☐ STOPPED
- ☐ PARKED
- ☐ SLOWING
- ☐ MOVING SLOWLY
- ☐ MOVING MODERATELY
- ☐ MOVING FAST
- ☐ MOVING AT APPROXIAMATELY _____ MPH

WHY VEHICLE WAS SLOWED OR STOPPED
- ☐ TRAFFIC SIGNAL
- ☐ PEDESTRIAN
- ☐ STOP SIGN
- ☐ PARKING
- ☐ TRAFFIC
- ☐ BUSY INTERSECTION

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

VEHICLE TYPE:
- ☐ CAR
- ☐ VAN
- ☐ STATION WAGON
- ☐ SUV
- ☐ TRUCK
- ☐ BUS
- ☐ OTHER: _____

VEHICLE SIZE:
- ☐ SUBCOMPACT
- ☐ COMPACT
- ☐ MID-SIZE
- ☐ HEAVY
- ☐ FULL-SIZE
- ☐ MINI
- ☐ LIGHT
- ☐ OTHER: _____

CONDITIONS AT TIME OF THE ACCIDENT:

TIME OF DAY
- ☐ FULL DAY LIGHT
- ☐ 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
- ☐ OTHER: _____
- ☐ NONE

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

AT TIME OF IMPACT, 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

- ☐ STRAIGHT
- ☐ TILTED FORWARD
- ☐ ROTATED TO THE LEFT
- ☐ ROTATED TO THE RIGHT

DIRECTION YOUR HEAD WAS THROWN

- ☐ BACKWARD AND THEN FORWARD
- ☐ FORWARD AND THEN BACKWARD
- ☐ TO THE LEFT
- ☐ TO THE LEFT AND THEN TO THE RIGHT
- ☐ TO THE RIGHT
- ☐ TO THE RIGHT AND THEN TO THE LEFT

POSITION OF YOUR BODY AT TIME OF IMPACT

- ☐ STRAIGHT
- ☐ LEANING FORWARD
- ☐ ROTATED TO THE LEFT
- ☐ ROTATED TO THE RIGHT

DIRECTION YOUR BODY WAS THROWN

- ☐ BACKWARD AND THEN FORWARD
- ☐ FORWARD AND THEN BACKWARD
- ☐ TO THE LEFT
- ☐ TO THE LEFT AND THEN TO THE RIGHT
- ☐ TO THE RIGHT
- ☐ TO THE RIGHT AND THEN TO THE LEFT
- ☐ ACROSS THE VEHICLE
- ☐ OUTSIDE OF THE VEHICLE
- ☐ UNDER THE VEHICLE

DAMAGE TO VEHICLE YOU WERE IN

- ☐ MINIMAL DAMAGE
- ☐ MODERATE DAMAGE
- ☐ SEVERE DAMAGE
- ☐ TOTALLED
- ☐ UNKNOWN

CITATIONS

- ☐ NONE ISSUED
- ☐ YOURSELF
- ☐ DRIVER OF VEHICLE IN WHICH YOU WERE A PASSENGER
- ☐ DRIVER OF OTHER VEHICLE
- ☐ UNKNOWN

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
- ☐ BACK SEAT

LEFT ARM

- ☐ STEERING WHEEL
- ☐ DASHBOARD
- ☐ WINDSHIELD
- ☐ ARMREST
- ☐ HEADREST
- ☐ REAR VIEW MIRROR
- ☐ LEFT DOOR
- ☐ RIGHT DOOR
- ☐ LEFT WINDOW
- ☐ RIGHT WINDOW
- ☐ CONSOLE
- ☐ GEAR SHIFT
- ☐ FRONT SEAT
- ☐ BACK SEAT

RIGHT ARM

- ☐ STEERING WHEEL
- ☐ DASHBOARD
- ☐ WINDSHIELD
- ☐ ARMREST
- ☐ HEADREST
- ☐ REAR VIEW MIRROR
- ☐ LEFT DOOR
- ☐ RIGHT DOOR
- ☐ LEFT WINDOW
- ☐ RIGHT WINDOW
- ☐ CONSOLE
- ☐ GEAR SHIFT
- ☐ FRONT SEAT
- ☐ BACK SEAT

TORSO

- ☐ STEERING WHEEL
- ☐ DASHBOARD
- ☐ WINDSHIELD
- ☐ ARMREST
- ☐ HEADREST
- ☐ REAR VIEW MIRROR
- ☐ LEFT DOOR
- ☐ RIGHT DOOR
- ☐ LEFT WINDOW
- ☐ RIGHT WINDOW
- ☐ CONSOLE
- ☐ GEAR SHIFT
- ☐ FRONT SEAT
- ☐ BACK SEAT

LEFT LEG

- ☐ STEERING WHEEL
- ☐ DASHBOARD
- ☐ WINDSHIELD
- ☐ ARMREST
- ☐ HEADREST
- ☐ REAR VIEW MIRROR
- ☐ LEFT DOOR
- ☐ RIGHT DOOR
- ☐ LEFT WINDOW
- ☐ RIGHT WINDOW
- ☐ CONSOLE
- ☐ GEAR SHIFT
- ☐ FRONT SEAT
- ☐ BACK SEAT

RIGHT LEG

- ☐ STEERING WHEEL
- ☐ DASHBOARD
- ☐ WINDSHIELD
- ☐ ARMREST
- ☐ HEADREST
- ☐ REAR VIEW MIRROR
- ☐ LEFT DOOR
- ☐ RIGHT DOOR
- ☐ LEFT WINDOW
- ☐ RIGHT WINDOW
- ☐ CONSOLE
- ☐ GEAR SHIFT
- ☐ FRONT SEAT
- ☐ BACK SEAT

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

DID YOU LOSE CONCIOUSNESS?

☐ YES ☐ NO

IMMEDIATELY FOLLOWING THE ACCIDENT, DID YOU FEEL

- ☐ DIZZY
- ☐ DAZED
- ☐ DISORIENTED
- ☐ WEAK
- ☐ NERVOUS
- ☐ NAUSEATED

WERE YOU ABLE TO WALK UNAIDED?

☐ YES ☐ NO

WHERE DID YOU GO AFTER THE ACCIDENT?

- ☐ DROVE HOME
- ☐ WAS DRIVEN HOME
- ☐ DROVE TO HOSPITAL
- ☐ WAS DRIVEN TO HOSPITAL
- ☐ TAKEN TO HOSPITAL VIA AMBULANCE
- ☐ DROVE TO WORK
- ☐ WAS DRIVEN TO WORK
- ☐ DROVE TO SCHOOL
- ☐ WAS DRIVEN TO SCHOOL

NEXT DAY, WAS PAIN AND/OR 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	☐ WRIST ☐ LEFT ☐ RIGHT	☐ KNEE ☐ LEFT ☐ RIGHT	
☐ MID BACK	☐ ELBOW ☐ 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	☐ WRIST ☐ LEFT ☐ RIGHT	☐ KNEE ☐ LEFT ☐ RIGHT	
☐ MID BACK	☐ ELBOW ☐ 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	☐ WRIST ☐ LEFT ☐ RIGHT	☐ KNEE ☐ LEFT ☐ RIGHT	
☐ MID BACK	☐ ELBOW ☐ 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			

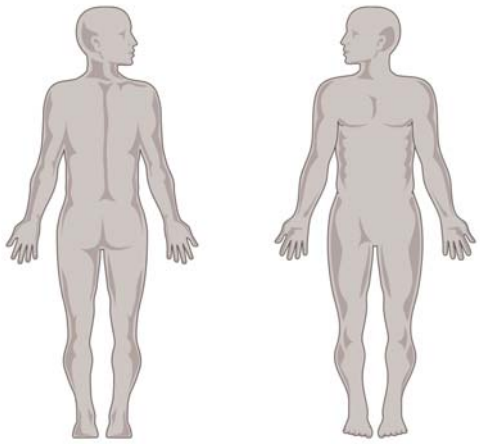
WHERE DID YOU EXPERIENCE PAIN THE DAY AFTER THE ACCIDENT?

☐ HEAD	☐ SHOULDER ☐ LEFT ☐ RIGHT	☐ HIP ☐ LEFT ☐ RIGHT	
☐ NECK	☐ ARM ☐ LEFT ☐ RIGHT	☐ THIGH ☐ LEFT ☐ RIGHT	
☐ UPPER BACK	☐ WRIST ☐ LEFT ☐ RIGHT	☐ KNEE ☐ LEFT ☐ RIGHT	
☐ MID BACK	☐ ELBOW ☐ 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			

USE THE DIAGRAM TO THE RIGHT TO INDICATE AREAS ON YOUR BODY AS FOLLOWS:

- **Where you feel pain or discomfort.**
- **Where you experience weakness.**
- **Where you experience numbness.**
- **Where you experience tingling.**

Use **P** to denote pain; **W** to denote weakness, **N** to denote Numbness and T to denote Tingling.



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auto accident information page

PATIENT NAME	CLAIM NUMBER
INSURANCE COMPANY	CLAIMS ADJUSTER

CLAIMS ADDRESS		SUITE
CITY	STATE	ZIP CODE