

Hobbies: Loss of Enjoyment

Patient _____ Date of Accident _____

Describe how this accident has affected your hobbies, including such things as vacations, dancing, socializing, entertainment, card playing, game playing, jogging, exercise, crafts, fishing, boating, driving, riding in a car, bicycling, motorcycling, playing with children, etc.

Hobby _____

- I have not done this hobby or canceled plans to do it (or take a trip) since accident
- I did not do this hobby for _____ weeks after the accident
- I missed the social enjoyment of this hobby
- I lost friends because I couldn't do this hobby
- I lost money from not being able to do this hobby. \$ _____
- I have had the following problems when I have done this hobby since the accident:
 - Range of motion/movements restricted in my body
 - Pain in my _____
 - Headaches
 - Muscle Spasms
 - Dizziness
 - Visual Disturbance
 - Sleep Disruption/Tired/Fatigue/Dozing off
 - Radiating pain into my _____
 - Anxiety or depression
 - TMJ/jaw pain or clicking
 - I have had to take over-the-counter medications to do this hobby: _____
 - (other) _____

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 - (other) _____

Signature of patient

Date completed