

Sports: Loss of Enjoyment

Patient _____ Date of Accident _____

Describe how this accident has affected your ability to participate in sports.

Sport _____

Prior to this accident, I played this sport:

- Socially
- Competitively (individually or on a team)
- Regionally recognized (won titles or awards)

Since this accident, I play this sport:

- Socially
- Competitively (individually or on a team)
- Regionally recognized (won titles or awards)
- Can not play this sport
- Can not play any sport

Describe how this accident has affected your enjoyment from participating in this sport.

- I did not play this sport for _____ weeks after the accident
- I missed the social enjoyment of participating in this sport
- I lost friends because I could not play this sport
- I lost money from not being able to play this sport. \$ _____
- I had to quit my team or missed _____ seasons or competitions
- I have had the following problems when I have played this sport 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 when I play: _____
 - (other) _____

Signature of patient

Date completed