

# ***HOUSEHOLD SERVICES QUESTIONNAIRE***

## ***PERSONAL INJURY***

Attorney: \_\_\_\_\_

Case Name: \_\_\_\_\_

Date Of Incident: \_\_\_\_\_

Indicate **hours** spent engaged in the following activities before and after the injury.  
Please answer as accurately and completely as possible.

	<i>Before Injury</i>	<i>Time Period</i>	<i>After Injury</i>
<b>Inside Housework</b>			
Laundry (Includes sorting, pre-treating, folding, and putting away.)	_____	Per week	_____
Ironing	_____	Per week	_____
Dusting	_____	Per week	_____
Vacuuming	_____	Per week	_____
Mopping floors	_____	Per week	_____
Making beds/changing linens	_____	Per week	_____
Kitchen cleaning	_____	Per week	_____
Bathroom cleaning	_____	Per week	_____
Taking out trash	_____	Per week	_____
 <b>Food, Cooking and Clean-up</b>			
Meal planning	_____	Per week	_____
Food preparation	_____	Per week	_____
Setting the table	_____	Per week	_____
Dishwashing (by hand or machine)	_____	Per week	_____
Preserving foodstuffs	_____	Per week	_____
Putting away clean dishes	_____	Per week	_____
 <b>Pets, Home &amp; Vehicles</b>			
Feeding pets	_____	Per week	_____
Walking, playing training with pets	_____	Per week	_____
Grooming and veterinarian visits	_____	Per week	_____
Seasonal cleaning and decorating	_____	Per week	_____
Cleaning walls and cabinets	_____	Per week	_____
Washing windows	_____	Per week	_____
Repair	_____	Per week	_____
Remodeling	_____	Per week	_____
Painting	_____	Per week	_____
Plumbing and electrical	_____	Per week	_____

**Pets, Home & Vehicles (Cont'd)**

Roof and gutter maintenance	_____	Per week	_____
Lawn care	_____	Per week	_____
Gardening	_____	Per week	_____
Raking leaves	_____	Per week	_____
Snow removal	_____	Per week	_____
Automotive maintenance	_____	Per week	_____
Automotive cleaning	_____	Per week	_____

**Household Management**

Billpaying	_____	Per week	_____
Budgeting	_____	Per week	_____
Compiling information for tax returns	_____	Per week	_____
Preparing tax returns (if self-prepared)	_____	Per week	_____
Banking	_____	Per week	_____
Investment activity	_____	Per week	_____

**Shopping**

Food and household goods (only time spent in store)	_____	Per week	_____
Preparation and research (Includes reviewing advertisements, composing a list, coupon clipping and organization, and obtaining rebates.)	_____	Per week	_____
Putting away purchases	_____	Per week	_____
Clothing and shoes	_____	Per week	_____

**Obtaining Services**

Meeting with accountant or financial planner	_____	Per week	_____
Accompanying household member to doctor or dentist. (Not including commuting time)	_____	Per week	_____
Researching repairmen or contractors	_____	Per week	_____
Dealing with repairman or contractors	_____	Per week	_____

**Travel for Household Activity**

Commuting to grocery or wholesale store	_____	Per week	_____
Commuting to dry cleaner	_____	Per week	_____
Commuting to doctors and dentists	_____	Per week	_____
Commuting to bank	_____	Per week	_____
Other household errand commuting	_____	Per week	_____

Please provide a brief description of your current ability to participate in **meal preparation**. If there are tasks associated with meal preparation that your injuries prevent you from performing, who, if anyone, is now completing those tasks?

---

---

---

---

---

Please provide a brief description of your current ability to participate in household **cleaning**. If there are tasks associated with household cleaning that your injuries prevent you from performing, who, if anyone, is now completing those tasks?

---

---

---

---

---

Briefly describe your current ability to complete the tasks associated with household **laundry**. Please note any changes since the incident.

---

---

---

---

---

Briefly describe your current ability to complete the tasks associated with **outside chores** including yard work, raking leaves, lawn care, snow shoveling, gardening/weeding and exterior maintenance of the home. Please note any changes since the incident.

---

---

---

---

---

If there are other tasks not previously covered which you cannot perform as a result of your injuries, please indicate:

---

---

---

---

---

What difficulties, if any, do you have caring for your own needs, such as grooming, dressing and eating? Please explain any type of assistance required.

---

---

---

---

---

What help, if any, do you require getting out of your home for personal needs or socializing?

---

---

---

---

---

Have your social activities changed since your condition began?

---

---

---

---

---

Do you have difficulty concentrating or completing tasks? Please provide examples.

---

---

---

---

---

Do you have difficulty following written or verbal instructions? (for example, following a recipe, assembly instructions or directions)

---

---

---

---

---

This is to certify that, to the best of my knowledge, the above information is complete and accurate:

---

Signature of Preparer

---

Print Name of Preparer

---

Date