

QUESTIONNAIRE FOR ECONOMIC ELEMENTS OF LOSS INJURED INDIVIDUAL

If possible, this form should be completed by the injured individual or the next of kin.

Please answer all appropriate questions. If you do not understand a question do not hesitate to contact Dr. Albrecht.

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A. General Information

1) Name of Injured Individual: _____

Date of Birth: _____

Date of Injury: _____

Marital Status: S M W D

Gender: M F

Race: _____

Address: _____

2) Name of Individual Completing Questionnaire:

May Dr. Albrecht contact the injured individual? Y N

If yes, provide appropriate phone number(s)

Home: _____ Work: _____

Cell: _____

3) Name, date of birth and relationship to injured party of individuals who live in the same household:

<u>Name</u>	<u>Relationship</u>	<u>D/O/B</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4) Educational Attainment at the Time of Injury:

5) Training, Special Skills and/or Licenses at the Time of Injury:

6) Educational Expectations at the Time of Injury:

7) Educational Attainment since the Time of Injury:

B. Employment and Earnings

1) Employer when Injured: _____

Date when Employment Began: _____

Nature of Work: _____

Method of Wages (Hourly or Salary): _____

Rate at Time of Injury: _____

Raises Received (Include Dates): _____

Was Overtime Work Common?: _____

Was Work Steady?: _____

2) Annual Wages and Salary Received:

<u>Year</u>	<u>Income</u>	<u>Portion of Year Employed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach earnings documentation (W-2s, tax forms, pay-stubs, etc.).

3) List Promotions (with dates):

4) Employer Provided Benefits:

Life Insurance: _____

Individual Health Insurance: _____

Family Health Insurance: _____

Retirement Plan: _____

Investment Plan: _____

Bonus: _____

Stock Options: _____

Other: _____

Please attach a copy of the I.R.A., 401K or Profit Sharing plan or attach a copy of the statement of benefits if available.

5) Out of the Ordinary Expenses Associated with Job:

6) Prior to injury, at what age did the injured individual plan to retire?

7) Employment Expectations Prior to Injury(promotions, new job, etc.):

8) Has the injured individual been declared unable to work or has a disability rating been provided by a Doctor or Rehabilitation Specialist? _____

If yes, attach documentation.

If you have worked since the injury complete parts 9-14. If not, go to section C.

9) Employer(s) since Injured: _____

Dates of Employment: _____

Nature of Work: _____

Method of Wages (Hourly or Salary): _____

Current Rate: _____

Raises Received (Include Dates): _____

Is Overtime Work Common?: _____

Is Work Steady?: _____

10) Annual Wages and Salary Received:

<u>Year</u>	<u>Income</u>	<u>Portion of Year Employed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach earnings documentation (W-2s, tax forms, pay-stubs, etc.).

11) List Promotions (with dates):

12) Employer Provided Benefits:

Life Insurance: _____

Individual Health Insurance: _____

Family Health Insurance: _____

Retirement Plan: _____

Investment Plan: _____

Bonus: _____

Stock Options: _____

Other: _____

Please attach a copy of the I.R.A., 401K or Profit Sharing plan or attach a copy of the statement of benefits if available.

13) Out of the Ordinary Expenses Associated with Job:

- 14) Given the injury, at what age does the injured individual plan to retire? _____

C. Household Services

<u>Activities</u>	<u>Average hours per week</u>	
	<u>before injury</u>	<u>after injury</u>
meal preparation	_____	_____
child care	_____	_____
cleaning	_____	_____
laundry	_____	_____
yard work	_____	_____
gardening	_____	_____
shopping	_____	_____
auto maintenance	_____	_____
sewing	_____	_____
home maintenance	_____	_____
other	_____	

D. Describe Nature of Injury and Limitations:

E. Health Care Needs

If there are special health care needs as a direct result of the injury, indicate the amount required and the expected duration. Consider: nursing home care; nursing care in the home; physician care; hospitalization; drugs; appliances; physical therapy; psychiatric therapy; and, surgery.

F. Other

Please provide any information which has not been asked for but may have some bearing on past or future income or expenses.
