

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.

Gary R. Albrecht, Ph.D.
Albrecht Economics, Inc.
1817 Georgia Ave.
Winston-Salem, NC 27104

Telephone:(336)727-9435
Email: Albrecht@AlbrechtEconomics.com

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

For each task below please indicate on a scale of 0 to 5 the extent of the injured person's ability to perform each task where:

- 0 = did not perform prior to injury;
 1 = injury has zero or little impact;
 2 = injury has some impact;
 3 = injury mostly limits;
 4 = almost 100 % prevented;
 5 = injury 100% prevents;

Inside housework (vacuuming, sweeping, mopping, dusting, making beds, cleaning, handling trash, washing clothes, ironing, folding laundry, putting away laundry, putting away groceries)

_____.

Food cooking and cleanup (food preparation, serving a meal, setting a table, clearing the table, loading the dishwasher, washing dishes, putting away leftovers, cleaning us the kitchen)

_____.

Home, vehicle and pet maintenance (painting, repairing house, gardening, mowing, trimming, edging, planting, weeding, feeding and caring for household pets, maintenance and cleaning of vehicles)

_____.

Household management (paying bills, balancing the checkbook, filing receipts, filling out tax forms)

_____.

Shopping and obtaining services (grocery shopping, all other shopping, researching items and prices, hiring repair workers for home and vehicles)

_____.

Travel for household activity (travel associated with any household activity listed above, does not include commuting to and from work or driving for children's events (below))

_____.

Caring, helping or assisting family members (dressing, bathing and feeding family members, transporting to sporting events or other activities, supervising or watching children)

_____.

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.
