

INJURY

WORKSHEET: Damage Estimate

The following is intended to help you see how damages include easily identifiable costs in an effort to place a dollar value on your physical person and the way in which your life has changed since you were injured. Beyond an inventory of known costs, it does not attempt to calculate the value of your physical self or the quality of your life as it was before the injury.

I. Out-of-Pocket Damages a/k/a “Special Damages”

	Damages Present in Case (Y)	Amount Spent or Estimated
Doctors' bills	_____	\$ _____
Ambulance bill	_____	\$ _____
Hospital bills	_____	\$ _____
Private nurses	_____	\$ _____
Medicines/Drugs	_____	\$ _____
Medical supplies	_____	\$ _____
Travel/lodging arising from need for medical treatment	_____	\$ _____
Wheelchairs, walkers, prostheses, handicapped-accessible vehicle, other special implements	_____	\$ _____
Future medical expenses	_____	\$ _____
	TOTAL MEDICAL DAMAGES	\$ _____
Household help	_____	\$ _____

Lost wages	_____	\$ _____
Other work losses	_____	\$ _____
Future losses	_____	\$ _____
Loss of earning capacity	_____	\$ _____
Increased cost of living	_____	\$ _____
Special training/occupational therapy	_____	\$ _____
Property damage	_____	\$ _____
TOTAL OUT-OF-POCKET DAMAGES		\$ _____

To get a sense of how an insurance company *might* value your case make the following calculations.

<u>Method No. 1</u>	Multiply your total by 3	\$ _____
<u>Method No. 2</u>	Multiply your “medical” damages by 5	\$ _____

II. Damages for Physical Injury

Check all that apply, then rate the severity of each checked injury on a scale of 1 (not serious) to 5 (catastrophic). Don't worry about dollar amounts for these items.

	Damages Present in Case (Y)	Rating of Injury's Severity				
Pain and suffering	_____	1	2	3	4	5
Future pain and suffering	_____	1	2	3	4	5
Total disability	_____	1	2	3	4	5
Partial disability	_____	1	2	3	4	5
Future disability	_____	1	2	3	4	5
Loss of enjoyment of life	_____	1	2	3	4	5
Your spouse's loss of your						

services _____ 1 2 3 4 5

Lost limbs:

Dominant hand/arm _____ 1 2 3 4 5

Nondominant hand/arm _____ 1 2 3 4 5

Foot _____ 1 2 3 4 5

Leg below knee _____ 1 2 3 4 5

Leg mid-thigh _____ 1 2 3 4 5

Leg at hip _____ 1 2 3 4 5

Lost organs:

Kidney _____ 1 2 3 4 5

Lung _____ 1 2 3 4 5

Other: _____ 1 2 3 4 5

Back/Neck injury _____ 1 2 3 4 5

Head injury/brain damage _____ 1 2 3 4 5

Other: _____ 1 2 3 4 5

III. Intangibles--How Your Life Has Changed

The following questions are intended to help you get a feel for the kinds of facts that a jury may consider when deciding what to award in damages.

1. Which of your injuries are visible? Which are invisible?

3. What physical pain did you experience when you were first injured?

4. What physical pain did you experience as you recovered from your injury?

5. Do you still feel physical pain from your injury?

_____Yes _____No

6. If you answered "Yes" to Question 5, please elaborate.

7. When you think about your injury and how it has affected you, what/how do you feel?
(Check all that apply.)

Sorrow _____

Anxiety _____

Humiliation _____

Anger _____

Fear _____

Frustration _____

Defeated _____

Resigned _____

Other _____

8. What physical activities and hobbies did you enjoy that now cause you pain?

Participating in sports _____ Which sports? _____

Gardening _____

Woodworking/Crafts _____

Sewing/Embroidery/
Needlework _____

Playing a musical instrument _____ Which instrument? _____

Playing with children _____

Cooking _____

Other _____

9. What household chores now cause you pain?

Cooking _____

Laundry _____

Cleaning _____

Ironing _____

Washing the car _____

Yard work/Snow removal _____

10. What social activities have you had to reduce or abandon?

Entertaining guests _____

Club activities _____

Charitable/social
organizations _____

Dancing _____

Concerts/plays _____

Going to museums _____

Going out with friends _____

11. Are you still able to help people when they need help? For example, can you still babysit your grandchildren? Can you still visit people from your church, temple, or mosque who were sick and unable to attend services? Take a few minutes to think about this question and then write a little bit about these sorts of changes.

12. What plans for the future have you had to modify or abandon?

13. Are there any other changes in your day-to-day life resulting from your injury?

