

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

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

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

Method No. 1      Multiply your total by 3      \$ \_\_\_\_\_

Method No. 2      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<br>in Case (Y) | Rating of Injury's<br>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?

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

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

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

\_\_\_\_\_Yes          \_\_\_\_\_No

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

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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.

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

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

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