

**PERSONAL AFFECTS QUESTIONNAIRE**

**We want to make sure and understand any of the personal consequences that this collision has caused you. Please complete and return to us at your convenience.**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

**The collision has affected me physically as follows:** \_\_\_\_\_

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**The collision has affected me emotionally as follows:** \_\_\_\_\_

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**The collision has affected me financially as follows:** \_\_\_\_\_

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NW HEALTH SOLUTIONS  
2275 W. Magee Rd. Suite 112, Tucson, AZ 85742  
520-498-0082(phone) 520-498-0085(fax)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

**The collision has affected my relationship with my family as follows:** \_\_\_\_\_

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**The collision has affected me at work as follows:** \_\_\_\_\_

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**The collision has affected my home activities as follows:** \_\_\_\_\_

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**The collision has affected my hobbies as follows:** \_\_\_\_\_

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Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_