

## **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](mailto:Albrecht@AlbrechtEconomics.com)  
Fax: (336) 722-9452

**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.

---

---

---

---