

GENERAL DAMAGES FOR PAIN, SUFFERING AND LOSS OF AMENITY – QUESTIONNAIRES RELATING TO PARTS OF THE BODY

These questionnaires are to be completed as far as practicable by the solicitor and client – and the answers to be refined and completed by the medical expert.

Pain, suffering and loss of amenity questionnaire

(Many of these questions should be answered by the medical expert)

- (1) Precisely what was the injury?
- (2) Was there a previous disability (eg. Pre-existing natural ill health, osteoarthritis etc)? If yes – precisely what, and are there any medical reports or notes available?
- (3) In the event of a cosmetic blemish:
 - (a) Obtain colour photographs (not polaroid type), 7 inches x 5 inches preferably (if available) of the pursuer before the injury, immediately after the injury, and at three-monthly intervals thereafter.
 - (b) Is there embarrassment? If yes – full particulars as to why, when and effect (eg a girl may be embarrassed to mix socially if she has prominent facial scarring).
 - (c) Will plastic surgery assist? If yes – how many operations, with what degree of pain – and with what chances of improvement (and what sort of improvement)?
- (4) Sports/hobbies:
 - (a) Prior to the accident, what were the client's activities outside work (eg reading, sport, etc)?
 - (b) Have these been affected by the accident? If yes – to what activities is he restricted, and what (in this regard) is the prognosis?
- (5) Prognosis generally: Is there any improvement/deterioration expected? If yes, precisely what and when?
- (6) Pre-existing disposition to osteoarthritis: Would the client have suffered from osteoarthritis in later life in any event? If yes – when (ignoring the accident)?

By virtue of the accident, has the onset of that osteoarthritis been accelerated?

 - (a) If yes – by how many years?
 - (b) If no – will the osteoarthritis be more severe when it does occur, than it would have been had the client not been injured?
- (7) No pre-existing disposition to osteoarthritis: If the accident has caused a risk of future osteoarthritis, what is the degree of the risk, and when is the likely onset and how serious will the effect on the client be (pain, loss of mobility, working capacity, etc)?

(8) Operations:

(a) Have there been operations? If yes, how many, on what dates, for what purpose and in respect of each operation for how long was the client in hospital?

(b) Are there still to be operations? If yes – how many, and with what anticipated result?

(9) Level of disability: What is the DSS percentage disability rating? (Note: the DSS scales have as their criteria, a fit person of no particular age, sex or occupation, presenting for work at an employment office or job centre.)

(10) If pursuer is complaining of a real change in the quality of life (eg work/social/domestic), obtain statements from workmates, friends and family. Seek to establish pre-accident life-style/history, hobbies and temperament. Contrast that with post-accident condition. Also ask for family photo album. It is particularly important in the case of a young child to establish the life-style and career he would have enjoyed but for the injury.

(11) Is there a psychiatric illness? If yes:

(a) Is the expert retained of sufficient experience, eg in knowledge of such illnesses as PTSD and appropriate treatment regimes?

(b) What is the stressor event identified?

(c) What precisely is the psychiatric illness identified, and its symptoms (giving condition, prognosis, treatment to be pursued and future vulnerability).

Injuries to legs/knees/ankle/foot

(1) Is walking/running/swimming/kneeling/squatting/climbing stairs impaired? If yes – to what extent?

(2) Is there a need to use crutches/stick/calipers etc? If yes – for how long?

(3) Is there any particular difficulty walking over rough ground?

(4) Is there any interference with sleep/sleeping position? If yes – precisely what?

(5) Has there been any plating/screwing/pinning etc? If yes – has it been removed?

(a) If not, why not – and when will it be removed?

(b) If yes –when?

(6) Is there any limitation of movement? If yes – precisely what?

(7) Has traction been required? If yes – over what period?

(8) Is one leg shorter than the other? If yes:

- (a) By how much (in centimetres)?
- (b) Is there a limp? If yes, how severe/painful?
- (c) Would a built-up shoe help?
 - (i) If yes – is it worn?
 - (ii) If not – why not?
- (9) Physiotherapy/manipulation/heat treatment?
 - (a) If undertaken – over what period, with what degree of regularity and success?
 - (b) If necessary henceforth – for what period is it anticipated to be necessary – and what degree of improvement is anticipated?
- (10) Does the knee occasionally give way? If yes – how frequently?
- (11) Is there crepitus? If yes – how marked?
- (12) Is a petellectomy likely to be required? If yes – when?
- (13) Do climatic changes have an adverse effect? If yes:
 - (a) What climatic changes?
 - (b) With what effect?
- (14) If a woman, does she wear trousers instead of skirts? If yes – why?
- (15) Is there a particular stiffness first thing in the morning? If yes – how long does it take to ease off?
- (16) In the event of any form of amputation, will a false limb help? If yes:
 - (a) Cost?
 - (b) How long will it take to learn to use it?
 - (c) Will repairs to the limb be required? If yes – with what degree of regularity; at what cost and to what inconvenience?
 - (d) Will the limb require replacement (eg with a growing person)? If yes – with what degree of regularity, inconvenience and cost?
 - (e) Does false limb cause excessive wear on clothing? If yes – extra annual cost?
 - (f) Does stump suffer regular blisters and inflammation?
 - (g) “Phantom limb” sensation? If yes – to what extent, regularity and inconvenience?
 - (h) How far could/can he walk with a false limb?

(i) As he gets older, will there be a risk of arthritic change as the result of the excess effort on his back that he has to make when walking with an artificial limb?

(17) Does the injury cause the pursuer to wear out shoes more regularly (eg by undue weight on one part of sole or heel)? If yes – what is the extra annual cost?

(18) As to a motor vehicle:

(a) Will the client need an automatic vehicle? If yes –

(i) Annual extra capital cost?

(ii) Annual extra petrol cost?

(b) If the client needs a specially adapted motor vehicle – what is the extra capital cost to the vehicle he otherwise would have run)?

(19) In the case of a traumatic injury – has there been a deep vein thrombosis?

Injuries to pelvis, sacrum and hip: female

(1) Has childbirth been prejudiced or prevented by injury? If prejudiced; to what extent and in what way?

(2) Has the injury resulted in any childbirth having to be by caesarian section? (NB – to be deprived of the opportunity of natural childbirth is a real deprivation which ought to be the subject, though not to a very substantial amount, of compensation.)

Injuries to arm, wrist, hand, fingers and thumb

(1) Left handed/right handed?

(2) Has there been any reduction in movement? If yes – precisely what?

(3) Has there been any reduction in grip/pinch grip? If yes – to what extent? (Give, if possible, power of grip by reference to lbs.)

(4) Pins and needles/numbness? If yes – precisely to what extent and where?

(5) Aching/tingling in cold weather after use? If yes – precisely to what extent (particularly if aching/numbness affects a stump, after amputation)?

(6) Can he write/eat with ease/do household chores? If not – particularise difficulty (if difficulty in writing, can the client use the other hand? If yes – to what degree? If no – can he learn? If not – why not?)

(7) Any “phantom limb” sensation? If yes – what?

(8) Physiotherapy? If yes – how frequently, and over what period? If continuing, for how long anticipated?

- (9) Can he dress, go to the toilet, etc? If not – how does he manage?
- (10) In the event of an amputation eg of a hand, can a false hand be fitted? If yes –
- (a) How long will it take to learn to use?
 - (b) At what cost to the client?
 - (c) Will repairs be required? If yes – with what degree of regularity, at what cost and to what inconvenience?
 - (d) How much will he be able to achieve with a false limb?
 - (e) Will limb require replacement? If yes – with what degree of regularity, inconvenience and cost?
- (11) Is there a risk of osteoarthritis? If yes – when is the likely onset (if the injury has accelerated osteoarthritic changes – by how much?)?
- (12) Is there a particular pain if the limb is knocked? If yes – where is the location of the sensitive part, and what degree of pain?
- (13) Any loss of sensitivity? [**Note:** The quality of sensation in the thumb and index finger is governed by the median nerve. Contrast that with the ulnar nerve, which governs sensation in the ring and little fingers and also has a bearing on those muscles in the hand which control fine and manipulative activities for the finger.]

Back Conditions

- (1) Was there a pre-existing disability? If yes:
- (a) What was it?
 - (b) Was it symptom free? (If not – what were the symptoms?)
 - (c) Have the onset of the symptoms been accelerated? If yes:
 - (i) What symptoms have been accelerated?
 - (ii) By how long?
- (2) Has he/will he wear a corset/lumbar support? If yes:
- (a) For what period of time?
 - (b) With what degree of regularity?
 - (c) Will he need henceforth to wear a corset/lumbar support, and if yes:
 - (i) How long should it be kept on each time, and
 - (ii) With what degree of regularity?

(3) Does he use a board to sleep? If yes:

(a) When did he commence using it?

(b) Is use regular?

(c) Is use anticipated to continue? - and if yes, with what degree of regularity?

(d) Will the need to use a board cease? – and if yes, when?

(4) Is there any treatment, eg electro-convulsive therapy, in the case of the spine which may assist long term prognosis? If yes:

(a) What are the chances of improvement?

(b) Is he willing to have it (if not – why not)?

(5) In the event of injury to the spine:

(a) Any loss in height?

(b) If yes – any difficulty in buying clothes? If yes – what extra annual cost and precisely how calculated?

In paraplegic or tetraplegic cases:

(a) any risk of myelomeningocele (ie paralysis rising above the original point of damage in the spinal cord)? Consider: provisional damages.

(b) Quadriplegia:

(i) Can he be trained to wash, clean, feed, shave, brush hair etc?

(ii) Confirm attendance required for bladder and bowel evacuation, and dressing.

(iii) Can he drive? If yes – is attendance required?

(iv) Can he walk with sticks or zimmer?

(v) Impotent?

(vi) Pressure sores? (How often turned in bed? How avoided? Cushions, special bed?)

(vii) Follow up – how frequent, involving what?

(viii) Is lesion complete or partial? If partial – prognosis?

(c) Traction? If yes, give details (eg calipers applied to skull?), and for how long?

(d) Have relatives received any nursing training to look after the pursuer? If yes:

(i) Who?

(ii) What training – for what purpose?

(iii) Where?

(iv) For how long?

(e) Mobility – use of car?

- (6) Was/is there difficulty with sexual intercourse? If yes:
- (a) How severe?
 - (b) Over what period?
 - (c) Continuing?
 - (d) Prognosis?
- (7) If the client is a woman – if she intends to increase family:
- (a) Would back ache in pregnancy be accentuated? If yes – to what extent?
 - (b) In childbirth, does back condition prevent epidural anaesthesia? If yes – would the client have wanted an “epidural”?
 - (c) How does injury affect:
 - (i) Prospects of “labour” and “delivery” in the event that the pursuer is a woman intending to increase her family?
 - (ii) Type of delivery?
 - (d) Would injury affect client in bringing up child (eg lifting, etc)?
8. How does injury affect child-rearing (whether the pursuer is a man or a woman) eg need to carry a baby about for a couple of years?

Note: In the event of a wedge fracture of spinal vertebrae, is there a long-term risk of kyphosis (consider: provisional damages).

Shoulder and Collar Bone

1. Right /left handed?
2. Is there a present limitation of movement? If yes – precisely what limitation (skeletal drawings)? What percentage of disability on the DSS scale?
3. Does injury affect sleep and/or sleeping position? If yes – particulars.
4. Physiotherapy? If yes, how frequently and over what period? If continuing – for how long anticipated?
5. Was arm in a sling? If yes – for how long?
6. Risk of osteoarthritis? If yes – when is the likely onset (if joint already susceptible to arthritis – has there been an acceleration? If yes – by how long?)
7. If there has been a dislocation, is there a risk from further accidental dislocation which would not otherwise have existed? If yes – percentage risk?

Respiratory Organs

1. Was there a pre-existing disability? If yes:
 - (a) What was it?
 - (b) Was it symptom free?
 - (c) When would the onset of symptoms reasonably have been anticipated, but for the accident?
2. Is there a disability in walking? If yes:
 - (a) Over what distance can he walk with ease and,
 - (b) At what speed?
3. Wheeziness – pain in chest?
4. Dyspnoea? If yes – at what grade (taking 5 on the scale to be the worst)?
5. Expectation of life?
6. Risk of lung cancer? If yes:
 - (a) What percentage?
 - (b) Likely year of onset?
7. Did he smoke? If yes:
 - (a) How many per day?
 - (b) Has he stopped – if not why?

Note: In diagnosing whether asbestosis is present, the following factors are critical:

- (a) clinical evidence;
- (b) lung function tests;
- (c) radiological tests;
- (d) symptoms.

Neck

1. Is there a limitation of movement in the neck? If yes – to what extent (skeletal drawings)? Is there a chance of improvement? If yes:
 - (a) To what degree? And
 - (b) When?
2. As to a collar:

(a) Has it had to be worn? If yes – over what period of time, and continually or eg only at night?

(b) Will it have to be worn? If yes – how regularly, and at what time of day/night, and when is the need for it likely to cease?

3. Is there a risk of further deterioration in the spinal cord in the event of further injury? If yes:

(a) What sort of injury would precipitate the deterioration?

(b) What sort of deterioration could ensue – from what sort of injury?

4. Is there any paralysis? If yes:

(a) Of what (eg hands, arms, etc?)

(b) To what extent?

(c) Prognosis?

5. Has there been physiotherapy/manipulation/heat treatment?

(a) If yes precisely what? For how long is it to continue and how frequently?

(b) If yes – may it be required henceforth, and if yes – over what period of time and how regularly?

Brain and skull/psychological testing

1. What exactly is the damage?

(a) General cerebral contusion with disruption of interconnecting fibres?

(b) Focal contusion of frontal lobes or temporal (eg in the event of decelerative concussion injury)? If yes is there evidence of the following:

(i) disinhibition?

(ii) loss of drive and initiative?

(iii) being disorganised?

(iv) tangential thinking?

(v) emotional lability?

(vi) impulsive behaviour?

(vii) reduced insight?

(viii) dysexecutive syndrome (planning and organisational deficits)

(ix) Deficit in an ability to find words fluently during conversation (deficit in “Attentional Control of Speech”)

(c) Tearing of brain stem fibres?

(d) Focal brain damage (ie direct damage from blunt injury)?

(e) Hypoxic brain damage (lack of oxygen to the brain causing damage)?

2. Did the accident render him unconscious? If yes – to what degree of profundity and for how long?

3. As to PTA and RA (post traumatic amnesia – length of amnesia after the accident; retrograde amnesia – loss of memory for events immediately before accident)?

(a) PTA, RA or both?

(b) For how long?

(c) When?

4. Has there been any impairment in the following respects? And if yes – what, giving prognosis:

(a) Intellect.

(b) Drive.

(c) Appearance.

(d) Emotions (rages, depression, relationship with family).

(e) Tolerance for day to day stresses.

(f) Personality.

(g) Education.

(h) Relationship with colleagues and friends.

(i) Fatiguability.

(j) Any of the senses (touch, taste, sight, hearing, smell).

(k) Hearing.

(l) Concentration.

(m) Expressive and receptive skills.

(n) Recreation.

(o) Marriage prospects.

(p) Sleeping.

(q) Eating.

(r) Gait.

(s) Speech.

(t) Sleep (eg by nightmares).

(u) IQ.

(v) Balance.

(w) Reading.

(x) Motor abilities such as manipulative skills (dressing, writing, etc).

(y) Self-control.

(z) Continence.

(aa) Sexual relations.

(bb) Sporting activities.

(In the event of such impairment, give precise details.)

4. Does he now operate at a sub-normal level? If yes – the equivalent of what age group?

5. In his daily behaviour is there any difference from before the accident – and if yes, what?

6. Does he have dizzy spells? Headaches? Epilepsy? If yes, with what regularity, and to what degree?
7. Reduced life expectation? If yes – by how much?
8. To what extent is he aware of his disabilities? Will such awareness increase? If yes – to what extent?
9. Spasticity? If yes – to what extent?
10. To what extent, if at all, does he need nursing/supervision/attendance? Eg consider need for help in respect of the following:
 - (a) Dressing;
 - (b) Safety in the house (eg tendency to leave gas on, unlit);
 - (c) Cooking and shopping;
 - (d) Inability to follow a conversation;
 - (e) Need for a wheelchair;
 - (f) Inability to handle personal financial affairs;
 - (g) Case manager.

In respect of any recommendation: Give grounds for view.

11. For how long, if at all, did he receive treatment such as occupational therapy? If continuing – for how long?
12. Dysphasia (inability to apply the proper names to objects and concepts)?
13. Dyslexia?
14. Organic dementia (ie deterioration of the intellectual functions and behaviour due to destruction of the brain cells)?
15. Employment prospects? If his employment/career is shattered, could he usefully go to a sheltered colony?
16. What age (if relevant) do brain scans indicate?
17. Does he suffer from a fear of heights which he did not hitherto endure?
18. Could rehabilitation assist? If yes, what potential could be realised, how long would it take, and what are the grounds for that view? Consider for example:
 - (a) Assessment: The identification of problems, their causes and prognostic factors;
 - (b) Planning: The setting of goals in the long and medium term;
 - (c) Intervention: This includes –
 - (i) Care: Any intervention needed to maintain the status quo;
 - (ii) Treatment: Any intervention which is targeted at affecting the process of change;

(d) Reassessment.

19. Which of the following scans have been undertaken, and with what result:

- (a) CT?
- (b) MRI?
- (c) PET?
- (d) SPECT?

If any such testing has not been undertaken, why not? Is it not necessary?

20. Neuropsychological testing? Which of the following tests have been performed, when and with what result:

- (a) WAIS-Revised (Wechsler Adult Intelligence Scale) – to measure intelligence.
- (b) Tests to estimate pre-morbid intelligence.
 - (i) National Adult Reading Test (NART)
 - (ii) Vocabulary subtest (WAIS-R)
 - (iii) Peabody Picture Vocabulary Test
 - (iv) Mill Hill Vocabulary Test
- (c) Benton Word Fluency – to test “Attentional Control of Speech”.
- (d) The Token Test – to assess the ability to understand the meaning of instructions, of different length and levels of complexity.
- (e) Rey Complex Figure to test visuo-spatial awareness.
- (f) Tower of London Test to test organisational planning.
- (g) Wisconsin Card Sorting Test to test concept formation, abstract thinking and attentional activities.

If any such testing has not been undertaken, why not? Is it not necessary?

21. Status in the litigation: Can the pursuer manage his or her own affairs? Is he or she a patient within the meaning of the Mental Health Act 1983? (The grounds for any opinion must be explained.) **Note:** A patient is defined in the Mental Health Act 1983 thus:

“A person who, by reason of mental disorder within the meaning of the Act, is incapable of managing and administering his property and affairs.”

As to the meaning of “mental disorder” the Act says:

“In this context, “mental disorder” means mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind”

Epilepsy

1. What are the chances of further attacks – and in relation to such attacks, are they likely to be petit mal, grand mal, or both?

(**Note:** Features indicative of grand mal epilepsy are: the seizures are episodic; they are usually motiveless and independent of the surrounding circumstances; they have a perceptible beginning and end; and there is a tendency for each fit to follow the same pattern. Petit mal is a much more benign condition in which there are momentary lapses in consciousness. **Note:** four years from accident, risk of epilepsy resulting from a severe head injury may well be down to 1%. For an authoritative study, see Professor Bryan Jennett, *Epilepsy After Non-Missile Head Injuries* (2nd Edition, 1975).)

2. Was he already subject to epileptic attacks and if yes, with what regularity, of what severity and from what age?

3. Irrespective of this injury was he at risk in the future (for whatever reason) of having epileptic attacks (and if yes, why, and what were the chances of occurrence, when was the onset first likely to occur, with what regularity and severity)?

4. Is the injury characterised by any of the following factors:

(a) Convulsions within a few days? If injury precipitated convulsions, when did they first occur, with what regularity, at what time of the day, with what severity, with what degree of warning? What do the attacks involve, how long do they last, and what residuary effect is there after such an attack?

(b) Depressed skull fracture?

(c) Acute intracranial haematoma?

Each of these three factors significantly increases the risk of late epilepsy.

5. Did injury render him unconscious? If yes – for how long? (Post-traumatic amnesia greater than 24 hours increases the risk of late epilepsy.)

6. Have drugs been, or are they to be, prescribed? If yes, name, for what purpose, with what side effects, and for how long have they been/will they be taken?

7. Does he require attendance? If yes – to what extent?

8. What impairment has there been to:

(a) Education?

(b) Marriage/marriage prospects?

(c) Personal relationship (eg within the family)?

(d) Continence?

(e) Employment (and what sort of work can he not now do in that fiend of his ability which he could otherwise reasonably have done – eg work from heights, operate machinery, etc)?

(f) Ability to have/look after children?

(g) Emotions? (eg has there been a significant onset of headaches and/or dizziness and/or nervousness and/or depression? If yes – when did such symptoms first occur, with what severity and regularity – and what is the prognosis?)

(h) Driving?

9. Is there any medical treatment, either actual or in reasonable prospect, which may alleviate the effects of such epileptic attacks as he endures? If there is, does it or will it fully control the epilepsy (and if not fully, to what degree)?

10. Is he able to drive a motor car (eg it may be that he cannot drive with the drugs prescribed – yet without taking drugs his epilepsy renders him unfit to drive)?

11. Does he have any of the following:

- (a) Blackouts?
- (b) Shivering attacks?
- (c) Fits?
- (d) Disinterest in previously favourite pastimes?
- (e) Forgetfulness?
- (f) Feelings of déjà-vu?
- (g) Unpleasant smells (these are symptoms of a minor form of epilepsy)?

12. Can a firm prognosis as to the regularity of attacks, severity and time scale as to the levels of recovery be given? If yes, what is it? If not – will such prognosis be capable of ascertainment in the future? If yes – when?

Hair

1. Neurosis? If yes – when arising, how severe (symptoms) and prognosis?

2. Are there layers of scalp missing? If yes, to what degree, and to what extent will that affect future hair growth?

3. General prognosis (eg will hair ever grow again and, if yes, how well and to what extent)?

4. What was the extent of hair before injury?

5. What is the state of hair now?

6. Effect of injury on emotional/social relationships?

7. To what extent was hair a feature of appearance before injury?

8. Is a wig necessary? If yes:

(a) Can he use the regular adhesive? If not, can a wig be specially made?

(b) At what cost?

(c) How frequently must it be changed henceforth, and at what cost?

(d) Cost of servicing – and regularity of the need for servicing?

9. Are eyebrows, eyelashes intact? If yes, will they continue to be? If not, prospects of growth (relevant in an alopecia case)?

10. Are there any medical techniques which are immediately available, or likely to be available in the foreseeable future, which can assist?

11. In a loss of hair case, was there a pre-existing disposition to such a condition? If yes – what was the risk of onset without an accident?

Jaw and Teeth

1. Provide dental chart indicating precisely the identity of injured teeth/part of jaw.
2. Has there been a fixation of the jaw and/or immobilisation by a head cap and chin straps? If yes, between what dates, and with what disability during that period (eg with regard to feeding, sleeping etc)?
3. Is the jaw stiff? If yes – constantly or intermittently? If intermittent, with what regularity and for how long? In either event, how stiff?
4. Is his diet affected (eg can he eat steak)?
5. Can he still with ease talk, laugh, sneeze, kiss, etc.
6. Cost of dental treatment (past, present and future) – and what does the treatment involve?
7. Is there any limitation and/or deviation of movement in the jaw? If yes – to what extent?
8. General prognosis (eg is there a greater likelihood of losing teeth in the future? If yes – what is the degree of acceleration of the risk, when it is likely to materialise, and in respect of precisely which teeth, indicating by reference to the chart).
9. Is there any discolouration of the teeth? If yes – which ones and to what degree?
10. Have abscesses in the gums developed? If yes, how many, in what part of the gum, have they healed (and if not – when are they likely to)?
11. Has a protective band been cemented in? If yes – who installed it? If extracted – when and with what pain? If not extracted – when will it be? What discomfort, disability is suffered from the band?

Nose

1. Prognosis with and without operative intervention in relation to shape, ease of breathing and pain.
2. Nose bleeds? If yes – how severe and with what degree of regularity?
3. Need for any regular treatment (such as ointment)? If yes – why, what treatment and how regular?

4. Is there any pain/irritation? If yes, constant or intermittent? In either event, is it aggravated or precipitated by weather and/or atmosphere (eg cold and windy, hot and smoky)?
5. What is the emotional reaction to the injury (eg neurosis, depression, etc)?

Eyes

1. Is one or both eyes affected?
2. In relation to each eye, what was the full optical condition before injury – and after injury (with full reference to the quality of vision, eg blurring, assessing if possible, any disability on a percentage scale)?
3. If he can no longer read, has he commenced learning Braille? If not – why not? If yes – with what measure of success?
4. Does he suffer pain and discomfort (eg eye strain)? If yes, where precisely, with what severity, and is it permanent or intermittent? If intermittent, how regularly?
5. Can he watch television? If yes – is it used? If not – why not?
6. If injury is to one eye, is there a fear of total blindness? If yes – is that fear justified? If not justified – why is it held?
7. Is eye/are eyes now more prone to infection? If yes – to what severity) and is the onset likely to be permanent or intermittent? If intermittent, with what regularity? Prognosis.
8. Is there a squint? If yes – how noticeable?
9. Does he have difficulty in judging distance (eg missing a cup when pouring liquids) and/or depth?
10. Is there a possibility of glaucoma and/or detachment of retina later in life? If yes – what is the degree of the risk, what could cause it to occur, and approximately when? (Consider: provisional damages.)
11. Is there still binocular vision? If yes – how does this affect his way of life (eg housework)?
12. Is disability static – or is there a continuing deterioration? If deterioration continuing, how much further is it likely to go, over what time scale and what treatment is needed and what pain/discomfort/disability is it anticipated he will continue to suffer?
13. If injury to one eye, is there a risk of sympathetic deterioration of the other eye? If yes – what is the degree of the risk, when may it materialise and what will be the effect on the other eye, and over what time span? (Consider: provisional damages)
14. If a corneal graft has been effected is there a risk of it being invaded by blood vessels? If yes – what is the degree of risk, when may it materialise and with what effect? (Consider: provisional damages)
15. If artificial eye fitted or to be fitted:

- (a) Can it be worn permanently? If not, in what situation must it be removed?
 - (b) Cost of purchase?
 - (c) Cost of servicing and how regular is that need?
 - (d) Will replacement be necessary in the future? If yes – with what degree of regularity and at what cost?
16. Is there a risk of either eye shrinking? If yes – what is the degree of risk, when may it materialise and with what effect?
17. In the event of a total or partial loss of sight case, was such a loss instant or gradual? If gradual, over what period?
18. Can a contact lens render improvement? If not – why not?
19. Would a guide dog help? If yes:-
- (a) Capital outlay?
 - (b) How long does it take to learn to be guided?
 - (c) Cost of keep?
 - (d) How often is replacement needed?

LOSS OF HEARING

- (1) Is there tinnitus (the word denotes a continuous usually high pitched noise appearing to originate from inside of the head. It is notorious that this can be among the most distressing of ailments. It can have very serious psychological effects leading to nervous disorders)? If yes – when did it start, to what degree, what does it sound like and how does it affect him? Is it bearable? Does it interfere with sleep?
- (2) Is the deafness total or partial? If partial, is there a frequency above and/or below which he has total deafness? If yes, what are the material frequency or frequencies?
- (3) In respect of each ear, what is the decibel hearing loss?
- (4) Does he wear a hearing aid? If yes – when did he commence using it, and what difference does it make? If not – why not?
- (5) Can he hear radio and/or television and/or a film track at the cinema? If yes – with what degree of ease?
- (6) With and without a hearing aid, can he distinguish what is being said when two or three people are talking at the same time?
- (7) Is there a buzzing in his ears when concentrating on listening, eg to music?

- (8) Does he have difficulty conversing against background noise – especially at meetings or on the telephone?
- (9) Has he learnt to lip read? If yes – when and how well? If not – why not?
- (10) Can he hear the doorbell, telephone bell, bird songs etc?
- (11) How often did he go out socially before the accident, and how often thereafter?
- (12) Can he appreciate stereo music?
- (13) How does he manage on an ordinary two way conversation – and an ordinary three way conversation?
- (14) What is the effect on his personality?
- (15) Does he have any difficulty in particular in hearing a female as opposed to a male voice, or a child's voice as opposed to that of an adult?
- (16) Prognosis? If there is a chance of severe deafness developing in later life, consider provisional damages.
- (17) Prior to the injury did he associate with numbers of people, as for example in clubs or public houses? If yes – does he still (and if not – what not)?
- (18) When did he start to be aware of his deafness? What put him on notice? How gradual was the deterioration. At what stage does he consider it became significant – and why (ie over what period has he suffered interference with the quality of his life)?

TASTE AND SMELL

- (1) Is the loss of taste and/or smell complete? If not – what can be tasted and/or smelt? Eg, can he appreciate bitter/sweet, and/or vinegar/salt?
- (2) Does he need a sense of taste/smell for employment (eg a farmer may need to be able to smell whether hay is musty or readiness of silage).
- (3) In the case of a loss of smell, does the client cook by gas and/or have gas supply in the home? If yes – is there a danger arising from not being able to smell the gas? (If there is a danger – precisely what, and has the client considered changing to electricity to reduce such danger?)

SCARS AND BURNS

- (1) How permanent is the scarring? Will it heal? To what extent can treatment (such as plastic surgery) assist?
- (2) In the event that scarring is to be permanent – to what degree?

- (3) Do scars ache and/or are they sensitive to the touch and/or itch? If yes – when (in particular, what is the effect of hot or cold weather, and winds)? Prognosis.
- (4) Do scars change colour according to weather conditions? If yes – what colour in what conditions? Prognosis.
- (5) If there have already been operations, how many and has he reached the limit or could he undergo more (and if yes – what further operations)?
- (6) Headaches? Irritability? Depression? If yes – when did it first occur, with what severity and regularity, giving prognosis?
- (7) If a child – any insults at school? If yes – what for example?
- (8) Any sensory loss, such as numbness? If yes, precisely where, and to what degree? Prognosis.
- (9) How many stitches? For how long were they in place?
- (10) To what extent can cosmetics enhance appearance (how much cosmetics required – at what cost)?
- (11) Will scarring be a nuisance when shaving? Does shaving cut the skin?
- (12) If scar on hairline – does growth of hair cause pain?
- (13) Has he altered his hairstyle? If yes – from what to what?
- (14) Interference with marriage prospects?
- (15) Any loss of confidence? If yes – to what extent?
- (16) Skin grafts? If yes – how many, over what area, location of donor sites, and how successful? Will scarring at donor site disappear in time? If yes – when? If not, to what extent will they constitute a cosmetic blemish?
- (17) If scarring on a child, is it likely to increase in size on growing up?
- (18) Does he/she wear clothing which he would not otherwise have worn (eg a woman wearing tights, long skirts to cover scarring of a leg)?

In a burns case:-

- (a) What percentage of the body is affected, indicating on a skeletal diagram? How deep are the burns?
- (b) Is there any limitation of movement in the limbs? If yes – which limbs, what degree of limitation, prognosis (skeletal drawings)?
- (c) Treatment? eg regular application of medicaments such as ointment? If yes – what treatment, and how regularly administered?

(19) What impairment has there been (and precisely what) to:-

- (a) Sexual relations?
- (b) Emotional stability?
- (c) Fatiguability?
- (d) Mobility?
- (e) Ability to wear clothes (eg clothing may aggravate a burns scar)?
- (f) Family life?
- (g) Social relationships?
- (h) Sleep?
- (i) Sitting, standing, driving a car?

(20) Keloid condition? If yes – how severe, when occurring, and for how long lasting or likely to last?

(21) How regularly did scars have to be dressed? Do they still require such dressing? If yes – when will such need abate?

(22) If burning in area of nails, do they still grow properly? If not, which nails are affected – and prognosis?

DERMATITIS

(1) Has there been a rash? If yes – when did it first develop, with what effect, and is it constant or intermittent? If intermittent, how regular are the flare-ups, and what precipitates them?

(2) Has the condition become established and independent or original cause? If yes – for how long is it likely to continue, and what circumstances could aggravate it and/or precipitate a flare-up?

(3) Indicate by reference to a skeletal drawing, the areas of the body affected?

(4) Is pain/irritation suffered? If yes – precisely what, and does it affect work and/or recreation and/or sleep (if yes – give particulars)?

(5) Is the condition affected by weather conditions? If yes, what weather conditions, and with what effect?

(6) Was he already prone to dermatitis (eg by nature of employment)? If yes – to what degree has the condition been accelerated (if at all)?

(7) Is he unfit for any particular type of work? If yes – what work and is such unfitness permanent or temporary? If temporary, when is unfitness likely to abate?

SPECIAL DAMAGES

LOSS OF EARNINGS NET OF TAX AND NATIONAL INSURANCE

- (a) From to at the basic weekly rate of £
- (b) Overtime between the following dates and/or for the following hours at the overtime rate of £ per day and/or £ per hour.
- (c) Value of any lost fringe benefits (reciting the benefit, and briefly explaining the value claimed): £
- (d) Set out collateral benefits received and dates of receipt: [Attendance allowance, constant attendance allowance, disablement benefit, family credit, income support, invalidity benefit, mobility allowance, Old Cases Act Benefits, reduced earnings allowance, retirement allowance, severe disablement allowance, sickness benefit, statutory sick pay, unemployment benefit, dependency increase payable with any of the above.

TRAVELLING EXPENSES

- (a) By pursuer:-
- (i) to hospital: 00 visits at £ per visit travelling by bus/taxi/train/private car.
- (ii) for medical treatment: 00 visits at £ per visit travelling by bus/taxi/train/private car.
- (b) By pursuer's relatives to help recovery:
- (i) Name of relative.
- (ii) Relationship.
- (iii) Where visited.
- (iv) Cost per visit: £ travelling by bus/taxi/train/private car.

PRIVATE MEDICAL EXPENSES

Do you have such cover? If so, please specify the name of the company, policy number and address of your Insurance Company.