**SETTLEMENT QUESTIONNAIRE**

**[CLIENT]**

1. CLIENT BACKGROUND

Place of Birth: Nepal

Year you moved to Seattle area: 2016

Spouse’s name and year of marriage: N/A

Names and ages of children: N/A

Employer and job title: N/A

Name of High School:

Name of college: Central Washington University

Year Graduated: Still in school

Degree or area of study: Computer Science

Additional Schooling/Training and area of study: N/A

Hobbies/Interests: Soccer, Video games, Hiking, Swimming and Exercise

Physical activities and how often you participated in these activities prior to this accident.

Soccer- Every Sunday

Exercise and Swimming – Tuesdays- Friday

Hiking – Monday

Video games- Every evening.

2. INCIDENT

(a) Brief Description of the Incident Briefly describe what happened

I was going in a straight way. The other party ran the stop sign and T-boned me. My car was hit on the passenger side and lost control of my car. I was petrified as my car started to swerve in opposite lane after I got hit. My car hit the curved and entered a different avenue where it stopped. My shoulder and back collided with the door, my phone fell off the dash mount, my hip collided with the arm rest. Then I grabbed my phone, the back glass of my phone was cracked, and the screen had a red glare. I called 911 and I stepped out of my car.

(b) Vehicle Damage: (*For automobile collisions only*) Describe the damage to your vehicle and the amount of the repair bill or the value of your vehicle if your vehicle was considered a total loss. Please also describe the damage to the other vehicle.

My vehicle was a total loss and I got $8878 as compensation. I do not have information about another vehicle as I was not in the right set of situations to analyze their vehicle damage. The only thing I know about their vehicle is that they towed their damaged vehicle to their own home.

3. TREATMENT RECEIVED: List all doctors, physical therapists, massage therapists, and all other facilities you saw or that you have received a bill from in connection with your injuries.

MultiCare Indigo Urgent Care – Tukwila ( Kristi S Griffing)

RET Physical Therapy & Healthcare Specialists – 9 sessions

4. PAIN AND SUFFERING

(a) During the initial most painful period: Write a paragraph below describing the pain you suffered (where the pain was; how long would it last; and whether the pain was severe, moderate or minimal).  Explain what you did to alleviate the pain (took medication, used ice, rested, etc).

Initially, I lost my car which hurt the most. Healthwise, I lost my sleep from getting 8 hours to around 4 hours. My neck, lower back and shoulders were in much pain. I used some ice packs to minimize the pain, but it did not help, the whole muscle in my body were stiff and missed out on sleep and was not energized for the whole week.

(b) During my recovery: In the months following your initial painful period, describe how the pain changed (got better, worse, remained the same).

It remained same as I could not get into physical therapy; all the session were booked. I got into therapy, only then it got little better. The pain stayed the same until 4 sessions of my therapy and it got better. I still have some stiff muscle but I think I will be fine with in home exercise that the therapist provided me with.

5. HOW MY INJURY HAS AFFECTED MY ABILITY TO WORK AT MY JOB:  When you returned to work, what did you notice that was harder to do because of your injuries? Were your duties at work changed due to your injuries?

I was planning to work on school during summer but I was injured and never followed up on my job interviews and offers.

6. HOW MY INJURY HAS AFFECTED MY FAMILY INCOME: In this paragraph, include loss of income from all sources.  Did your spouse or any other member of your family have to take time off from work to help you, did you fall behind on payment of any of your regular bills, did you have to borrow money to buy necessities?

My friend had to take a day off his work to drive me back and forth to hospital and home. He also had to drive to rental car place which he had to take a day off from. I do not work but was planning to. Beside income, I lost my place out of a dean’s list. I have been on deans list whole academic year last year; I will attach the letter on my email. I lost my place on deans list which will affect the amount of scholarship I get in this academic year. I could not attempt my final exams properly as I was injured. I did not buy any another necessities.

7. HOW MY INJURY HAS AFFECTED MY SOCIAL, RECREATIONAL AND DAILY ACTIVITIES: Before the accident, did you actively take part in any sports activity and could not continue participation because of your injuries? Give some thought to church activities (sitting on the hard bench seats, etc.), dancing, mowing the lawn, gardening, housework, bowling, basketball, tennis, skiing, hunting, fishing, etc.

I missed out my soccer on every Sunday, I cannot stay and stare at a screen for so long which means I had to cut off my video games, I missed out a lot of summer trips with my friends because I could not drive or stay in a car for long time. I missed exercising and swimming which I loved the most. I cannot clean my room efficiently and I missed out on a lot of gatherings and parties over the summer.

8. MY PRESENT CONDITION: How do you feel now?  Have you fully recovered?  Describe here what complaints, no matter how trivial, you still experience because of having been injured. If you still experience pain, state where the pain is, how long it lasts, whether it is mild, moderate or severe, and what activities cause you to experience pain. Also state what you do to alleviate the pain (take medication, use ice or heat, rest, etc.) What activities are you still unable to do? Have you returned to your regular duties at work?

I feel okay but still petrified of driving. I have not fully recovered but I am doing exercise that therapist gave me to do at home. I am afraid to drive when there is heavy traffic, I get whiplash from time to time. I move my body like I used to, I am still unable to run and do the exercise that I used to. I am taking rest and working slowly but never know when I will be able to recover fully. I have dark circle under my eyes, I look different because of the stress and suffering I have been through. I have not been my usual self after the accident. I still cannot swim properly, exercising have not even been half like I used to, I have not gone hiking over the course of whole summer and I have not played video games since then because my neck hurts.