Fracture Questionnaire

Occupation: _____

Are you right handed, left handed or ambidextrous? (please circle one)

Which bone/joint is broken? _____

Date of injury: _____

Mechanism of injury: _____
_____

Was the injury work related? Yes No N/A

Who provided your initial care? _____
_____

If you had initial care, what did it consist of? (splinting, casting, manipulation, surgery?)
_____
_____

Were x-rays taken of your fractured extremity: Yes No
If yes, where were the x-rays taken? _____
Date of x-rays? _____

Are you having any pain at this time? Yes No
If yes, how would you describe the pain? (mild, moderate severe, etc)_____
_____

Are you taking any medications for your pain? _____

Are you having any other symptoms such as:
Numbness or tingling Yes No
Swelling Yes No

What are your primary sports or activities? _____
_____
_____