Daily Symptom Survey Summary Report

11/16/23 - 01/16/24

(62 days in period - 59 days with complete survey response)

Data Overview Page

"Lost time" refers to periods when the individual must interrupt activity to rest or manage symptoms or side effects.

- Days with lost time: 49 out of 59 (83.1%) p.2, Chart 1
- Days with lost time of 2 hours or more: 49 out of 59 days (83.1%) p.2, Chart 1
- Most frequent activity during periods of lost time: Mental coping strategies, 55 days (93.2%) p.2, Table 1

Most common symptoms



Mental fatigue 45 of 59 days pp. 7-8



Difficulty concentrating 34 of 59 days pp. 7-8



Pain (headache) 33 of 59 days pp. 7-8

- Most frequent overall daily pain level: 4 out of 10, 20 of 59 days (33.9%) p.4, Chart 7
- Most frequent daily activity level: 50% of pre-injury activity level, 22 of 59 days (37.3%) p.2, Chart 3
- Days with sleep disturbance: 58 out of 59 days (98.3%) p.3, Table 2

Provider appointments p.3, Table 3

- Number of days with provider appointments: 10
- Total time at provider appointments: 22hrs, 19 min

Days with moderate difficulty, severe difficulty or total inability pp. 5-6

- Basic Physical Activities 0 of 59 days (0%)
- Basic Mental Activities 56 of 59 days (94.9%)
- Activities of daily living 55 of 59 days (93.2%) Chores 57 of 59 days (96.6%)
- Work / volunteer 57 of 59 days (96.6%)
- Hobbies 55 of 59 days (93.2%)

Because activities may not be performed every day, percentages in this section are calculated based on the number of days the activity was actually attempted.

Information re: daily survey completion p.11

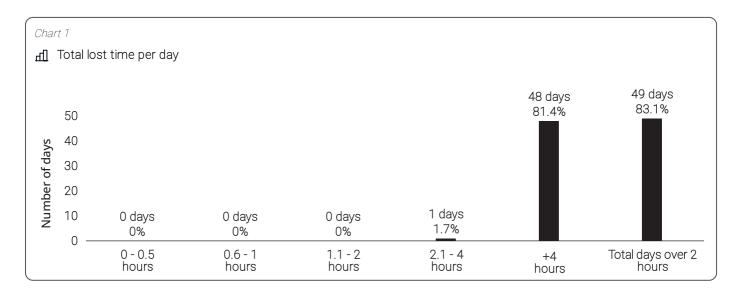
- Days unable to complete daily survey because symptoms were too severe: 3 of 62 days in period (4.8%)
- Most frequent posture when completing the daily survey: Reclining, 42 of 59 days (71.2%)

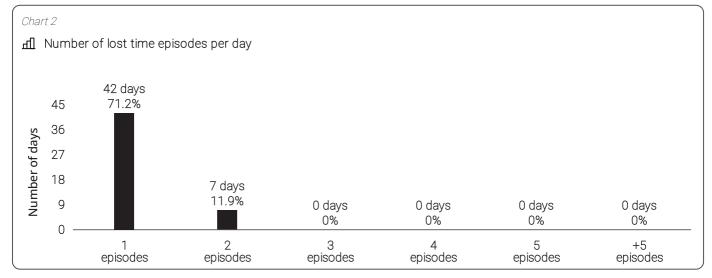


Unless otherwise noted, percentages are based on the number of days the individual provided a response (not the total number of days in the reporting period).

Lost time and relative daily activity level

"Lost time" refers to periods when the individual must interrupt normal activity to rest or manage symptoms or side effects.





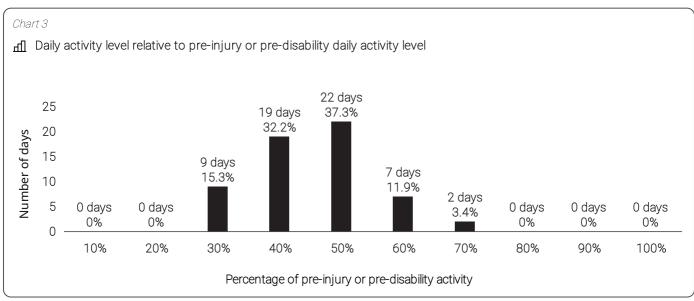


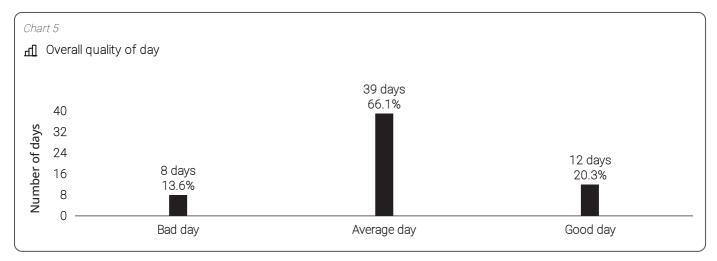
Table 1		
Activity during lost time		
Activity	Days	Percentage
Mental coping strategies	55	93.2
Reclining	22	37.3
Sleeping	21	35.6
Lying down	14	23.7
On toilet	11	18.6
Cold and / or heat therapy	0	0
Incontinence cleanup	0	0
Other	0	0

Table 2 ▶□ Sleep disturbance / irregularity		
Disturbance	Days	Percentage
Trouble waking up	46	78
Sleep not restful (wake up tired)	41	69.5
Sleeping too much	28	47.5
Trouble staying asleep	22	37.3
Trouble falling asleep	16	27.1
No sleep disturbance	1	1.7
Total days with sleep disturbance	58	98.3

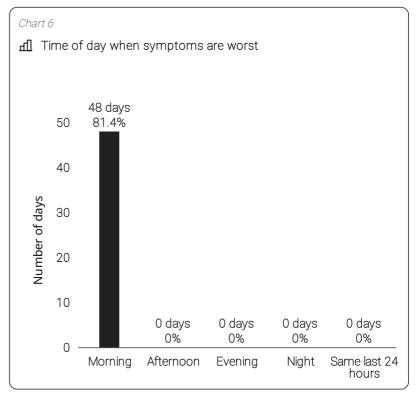
Chart 4	4						· ·
प् या ⊤	otal	hours sleepi	ng per ni	ght			
						19 days	
	20					3 <u>2.2</u> %	
	1.0		10.1				
l s	16		13 days 22%				11 days
Number of days	12				10 days 16.9%		18.6%
er o	8				10:510		
qur	0			4 days			
ž	4	2 days 3.4%		6.8%			
	0						
	U	Less than 4		6.1 - 8	8.1 - 10		+ 12
		hours	hours	hours	hours	hours	hours

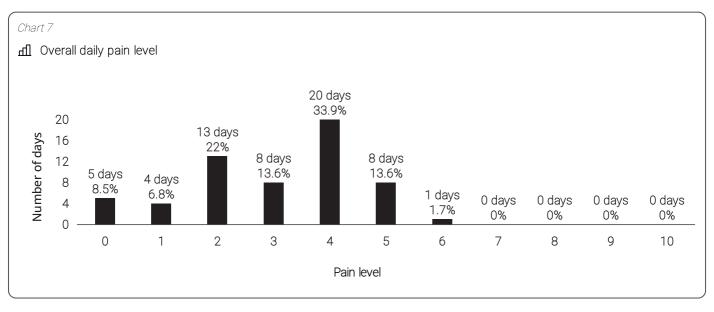
Table 3 Appointments with providers						
Month	Year	Visits	Hours			
January	2024	3	7h 10m			
December	2023	5	10h 50m			
November	2023	2	4h 19m			
*Includes travel to/fro	om & waiting tin	ne.				

Table 4						
Side effects	Days	Percentage				
Drowsiness / Sleepiness	58	98.3				
Clouded thinking	4	6.8				
Dizziness	0	0				
Nausea	0	0				
Constipation	51	86.4				
Other	0	0				
None	0	0				









Daily Symptom Survey: Full Summary Report 11/16/23 - 01/16/24 (62 days) GetClaimData.com *Because activities may not be performed every day, percentages on this page are calculated based on the number of days the activity was actually attempted (i.e., percentages on this page are not based on the number of days the user submited a survey response).

Table 6

Number of days crying due to symptoms

7 days 12% of days

Table 7						
☆ Degree of difficulty wi	th basic activitie	es / actions due t	o symptoms*			
	N/A Did not need / want to do	No Difficulty Able to do without difficulty	Mild Difficulty But no rest / breaks needed	Moderate Difficulty Able to do but needed rest / breaks	Severe Difficulty Symptoms forced to stop / needed help to complete	Total Inability Wanted / needer to do but totally avoided / unable to do
Basic Physical Activities						
Sit (upright, feet on floor)	3 days	56 days 100%	0 days 0%	0 days 0%	0 days 0%	0 days 0%
Stand	3 days	56 days 100%	0 days 0%	0 days 0%	0 days 0%	0 days 0%
Walk (on level ground)	3 days	56 days 100%	0 days 0%	0 days 0%	0 days 0%	0 days 0%
Transfer (sit-stand, stand-sit)	3 days	56 days 100%	0 days 0%	0 days 0%	0 days 0%	0 days 0%
Climb stairs	30 days	29 days 100%	0 days 0%	0 days 0%	0 days 0%	0 days 0%
Reach (forward/side/ovrhd)	24 days	34 days 97.1%	1 days 2.9%	0 days 0%	0 days 0%	0 days 0%
Basic Mental Activities						
Read	3 days	0 days 0%	2 days 3.6%	32 days 57.1%	16 days 28.6%	6 days 10.7%
Talk	3 days	1 days 1.8%	21 days 37.5%	32 days 57.1%	2 days 3.6%	0 days 0%
Remember	3 days	0 days 0%	3 days 5.4%	46 days 82.1%	7 days 12.5%	0 days 0%
Concentrate	3 days	0 days 0%	4 days 7.1%	45 days 80.4%	7 days 12.5%	0 days 0%
Understand	3 days	0 days 0%	14 days 25%	38 days 67.9%	4 days 7.1%	0 days 0%

Table 8		·
Reading difficulties*		
Difficulty	Days	Percentage
Reading causes mental fatigue	55	93.2
Reading causes headache	27	45.8
Have to reread things to understand	11	18.6
Lose place while reading	9	15.3
Attention / concentration problems when reading	4	6.8
Words 'run together' while reading	0	0

Because activities may not be performed every day, percentages on this page are calculated based on the number of days the activity was actually attempted.

Table 9

F	Degree	of di	fficulty	with	activities	due	to	symptoms
---	--------	-------	----------	------	------------	-----	----	----------

	N/A Did not need / want to do	No Difficulty Able to do without difficulty	Mild Difficulty But no rest / breaks needed	Moderate Difficulty	Severe Difficulty	Total Inability Wanted / needed to do but totally
	want to do	unicuity	bi eaks needed	Able to do but needed rest / breaks	Symptoms forced to stop / needed help to complete	avoided / unable to do
Activities of Daily Living						
Get out bed in the AM	2 days	1 days 1.8%	1 days 1.8%	53 days 93%	2 days 3.5%	0 days 0%
Bathe / shave / haircare	3 days	14 days 25%	3 days 5.4%	3 days 5.4%	0 days 0%	36 days 64.3%
Put on clothes	5 days	36 days 66.7%	7 days 13%	0 days 0%	0 days 0%	11 days 20.4%
Use toilet	2 days	21 days 36.8%	19 days 33.3%	16 days 28.1%	1 days 1.8%	0 days 0%
Tie shoes	11 days	47 days 97.9%	0 days 0%	1 days 2.1%	0 days 0%	0 days 0%
Chores						
Cooking complete meals	2 days	0 days 0%	1 days 1.8%	6 days 10.5%	1 days 1.8%	49 days 86%
Dishes	4 days	7 days 12.7%	21 days 38.2%	11 days 20%	3 days 5.5%	13 days 23.6%
Laundry	35 days	1 days 4.2%	2 days 8.3%	0 days 0%	0 days 0%	21 days 87.5%
Pick up & put away	23 days	4 days 11.1%	10 days 27.8%	6 days 16.7%	1 days 2.8%	15 days 41.7%
Sweep / mop / vacuum	11 days	0 days 0%	1 days 2.1%	0 days 0%	3 days 6.2%	44 days 91.7%
Yardwork / chores outside	58 days	0 days 0%	0 days 0%	0 days 0%	1 days 100%	0 days 0%
Work/volunteer, errands outside the home						
Drive	20 days	36 days 92.3%	3 days 7.7%	0 days 0%	0 days 0%	0 days 0%
Ride in car	58 days	1 days 100%	0 days 0%	0 days 0%	0 days 0%	0 days 0%
Errands / activities / appointments outside home	31 days	2 days 7.1%	12 days 42.9%	11 days 39.3%	0 days 0%	3 days 10.7%
Work / volunteer / school	2 days	0 days 0%	0 days 0%	0 days 0%	0 days 0%	57 days 100%
Hobbies, leisure, socializing						
Pay attention to TV program / movie	2 days	0 days 0%	2 days 3.5%	51 days 89.5%	4 days 7%	0 days 0%
Interact with family / friends	2 days	18 days 31.6%	36 days 63.2%	3 days 5.3%	0 days 0%	0 days 0%
Interact with public	15 days	6 days 13.6%	26 days 59.1%	10 days 22.7%	0 days 0%	2 days 4.5%
Participate in holidays / special occasions	54 days	1 days 20%	3 days 60%	1 days 20%	0 days 0%	0 days 0%
Have sex	59 days	0 days 0%	0 days 0%	0 days 0%	0 days 0%	0 days 0%

Unless otherwise noted, percentages are based on the number of days the individual provided a response (not the total number of days in the reporting period).

Table 10 Physical problems and symptoms (may include medication side effects)

Pain	Days	Percentage
Face pain	0	0
Eye pain	0	0
Ear pain	0	0
Mouth/jaw/throat pain	0	0
Neck pain	0	0
Back pain (upper)	0	0
Back pain (middle / thoracic)	0	0
Back pain (lower / lumbar)	0	0
Tailbone pain	0	0
Hip / pelvic pain	0	0
Collarbone pain	0	0
Chest pain	0	0
Torso / rib pain	0	0
Foot/ankle pain	0	0
Knee/leg pain	0	0
Shoulder pain	0	0
Elbow/arm pain	0	0
Hand / wrist pain	0	0
Skin pain / sensitivity	0	0
All over joint or muscle pain	0	0
Other muscle / joint pain	0	0

Vision Problems	Days	Percentage
Double vision	0	0
Light sensitivity	0	0
Eye fatigue	0	0
Blurry vision	0	0
Other vision problem	0	0

Balance Problems	Days	Percentage
Dizziness	0	0
Vertigo	0	0
Lightheadedness	0	0
Car / motion sickness	0	0
Bumping into things	0	0
Tripping	0	0
Falling	0	0

Hand Symptoms		
Hand Affected	Days	Percentage
Dropping things	0	0
Symptom Suffered	Days	Percentage
Hand / wrist pain	0	0
Numbness / tingling / altered sensation	0	0
Stiffness / cramping	0	0
Weakness / fatigue	0	0
Loss of coordination	0	0
Problems doing this survey	0	0
Total days with hand symptoms	0	0



Daily Symptom Survey: Full Summary Report 11/16/23 - 01/16/24 (62 days) GetClaimData.com

Gastrointestinal (Stomach/Bowel)	Days	Percentage
Stomach / belly pain / cramps	3	5.1
Diarrhea	0	0
Constipation	32	54.2
Nausea	2	3.4
Vomiting / dry heaving	0	0
Acid reflux/GERD	0	0
Gas	0	0
Incontinence (bowel / fecal)	0	0
Long time on toilet (bowel)	0	0
Urgent need to use toilet	0	0
Frequent trips to toilet (bowel)	0	0
Rectal pain	0	0
Other gastrointestinal symptom	0	0

Skin Problems	Days	Percentage
Itching	0	0
Hives	0	0
Rashes	0	0
Ulcer	0	0
Other skin problem	0	0

Urinary problems	Days	Percentage
Frequent urination	0	0
Pain while urinating	0	0
Urgent need to urinate	0	0
Long time on toilet - urinary	0	0
Incontinence (urinary)	0	0
Other urinary problem	0	0

Headache (Any Kind)	Days	Percentage
Pain (headache)	33	55.9
Aura (headache)	0	0
Light sensitivity (headache)	0	0
Noise sensitivity (headache)	0	0
Blurry vision (headache)	0	0
Other vision problem (headache)	0	0
Nausea (headache)	0	0
Vomiting / dry heaving (headache)	0	0
Other headache symptom	0	0

Seizure	Days	Percentage
Seizure	0	0
Aura	0	0
Loss of consciousness	0	0
Confusion	0	0
Fatigue	0	0
Incontinence - seizure (bowel/fecal)	0	0
Incontinence - seizure (urinary)	0	0
Other seizure symptom	0	0

Hearing Problems	Days	Percentage
Ringing in ear(s)	0	0
Difficulty hearing	0	0
Noise sensitivity	0	0
Other hearing problem	0	0



Daily Symptom Survey: Full Summary Report 11/16/23 - 01/16/24 (62 days) GetClaimData.com

Breathing Problems	Days	Percentage
Cough	0	0
Wheezing	0	0
Chest tightness	0	0
Pain while breathing	0	0
Shortness of breath with normal activity	0	0
Shortness of breath at rest	0	0
Other breathing problem	0	0

Other Physical Symptoms	Days	Percentage
Fatigue (tired / exhausted)	0	0
Weakness	0	0
Muscle spasm	0	0
Muscle cramping	0	0
Stiffness	0	0
Numbness / tingling / pins & needles	0	0
Swelling	0	0
Chills	0	0
Cold hands or feet	0	0
Rapid heartbeat	0	0
Irregular heartbeat	0	0
Excessive sweating	0	0
Cold sweats	0	0
Night sweats	0	0
Change in appetite	0	0
Fainting	0	0
Tremors	0	0
Other physical symptom	0	0

Table 11 ひ Cognitive & Psychological Syr	mptoms	
Cognitive (Thinking / Memory)	Days	Percentage
Brain fog	21	35.6
Mental fatigue	45	76.3
Difficulty concentrating	34	57.6
Difficulty speaking / expressing yourself	2	3.4
Difficulty reading	14	23.7
Short term memory problems	27	45.8
Long term memory problems	1	1.7
Getting lost in familiar places	0	0
Other cognitive symptom	18	30.5

Psychological	Days	Percentage
Feeling nervous, restless, or tense	17	28.8
Easily fatigued	27	45.8
Irritability	8	13.6
Muscle tension (tightness)	14	23.7
Had panic attack(s)	0	0
Worried about panic attacks	2	3.4
Depressed mood	19	32.2
Diminished interest in almost all activities	14	23.7
Appetite disturbance	20	33.9
Decreased energy	13	22
Feeling guilty / worthless	7	11.9
Thoughts of death or suicide	1	1.7
Frequently distracted	8	13.6
Difficulty organizing task	4	6.8
Hyperactivity and impulsivity	0	0
Avoided reminders of traumatic event	8	13.6
Easily startled or scared	2	3.4
Nightmares	7	11.9
Intrusive memories / thoughts	5	8.5
Others	0	0
Days psychological problems caused by injury or illness	44	74.6

*Percentages in this table are calculated based on the total number of	
days in the reporting period.	

Table 12			
Primary reason daily survey not completed*			
(If any days missed or partially completed.)			
Reason	Days	Percentage	
Cognitive / thinking problem	3	4.8	
Too much pain	0	0	
Too tired	0	0	
Problem using hands	0	0	
Other physical symptoms	0	0	
Emotional problem	0	0	
Balance problem	0	0	
Vision problem	0	0	
Forgot	0	0	
Other reason	0	0	
Total days unable to do survey due to symptoms	3	4.8	
* Percentages in this table are calculated based on the total number of days in the reporting period.			

Unless otherwise noted, percentages are based on the number of days the individual provided a response (not the total number of days in the reporting period).

Table 13

Posture in which this survey was completed

Posture	Days	Percentage
Reclining	42	71.2
Sitting upright (feet on floor)	8	13.6
Lying down	6	10.2
Standing	3	5.1
Walking	0	0

Table 14

Degree of difficulty completing daily survey due to symptoms

Difficulty	Days	Percentage
None	36	61
Mild (but no breaks needed)	23	39
Moderate (had to take breaks)	0	0
Severe (someone helped me)	0	0

Table 15

Frequency of text message reminders to complete daily survey*

Frequency	Days	Percentage
1 reminder	0	0
2 reminders	3	4.8

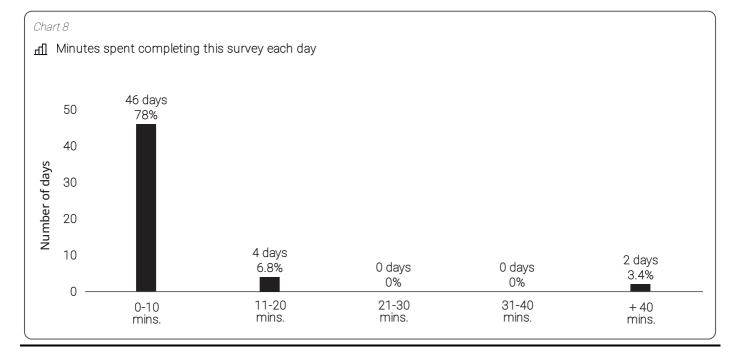
^{*} Percentages in this table are calculated based on the total number of days in the reporting period.

Table 16

Frequency of completion*

Frequency	Days	Percentage
Complete response	59	95.2
Partial response	0	0
No response	3	4.8

* Percentages in this table are calculated based on the total number of days in the reporting period.





- Daily symptom surveys completed by Katherine L at the request of Law Office of J Jason Heinze LLC.
- Responses submitted by Katherine L via daily smartphone survey, GetClaimData.com
- Survey recipients must swear or affirm that they have responded truthfully every time they provide responses.
- Responses for a given day must be submitted on that day.
 Responses cannot be altered once submitted.