

Daily Symptom Survey Summary Report

03/20/24 - 05/21/24

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

Data Overview Page

Lost time

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

- Days with lost time: **61 out of 62 (98.4%)** p.2, Chart 1
- Days with lost time of 2 hours or more: **39 out of 62 days (62.9%)** p.2, Chart 1
- Most frequent activity during periods of lost time: **Sleeping, 52 days (83.9%)** p.2, Table 1

Most common symptoms



Difficulty speaking /
expressing yourself
61 of 62 days pp.7-8



Difficulty concentrating
61 of 62 days pp.7-8



Back pain (lower / lumbar)
61 of 62 days pp.7-8

- Most frequent overall daily pain level **7 out of 10, 53 of 62 days (85.5%)** p 4, Chart 7
- Most frequent daily activity level **30% of pre-injury activity level, 49 of 62 days (79%)** p 2, Chart 3
- Days with sleep disturbance **62 out of 62 days (100%)** p 3, Table 2

Provider appointments p.3, Table 3

- Number of days with provider appointments: **3**
- Total time at provider appointments: **2hrs, 25 min**

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

- Basic Physical Activities **59 of 62 days (95.2%)** • Basic Mental Activities **29 of 62 days (46.8%)**
- Activities of daily living **56 of 61 days (91.8%)**

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.10-11

- Days unable to complete daily survey because symptoms were too severe: **0 of 63 days in period (0%)**
- Most frequent posture when completing the daily survey: **Lying down, 37 of 62 days (59.7%)**



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.

Chart 1

Total lost time per day

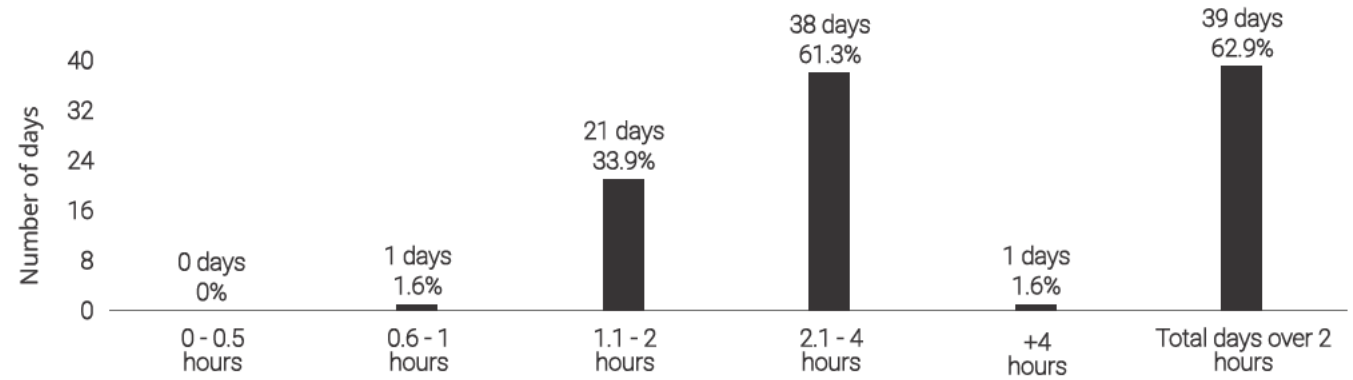


Chart 2

Number of lost time episodes per day

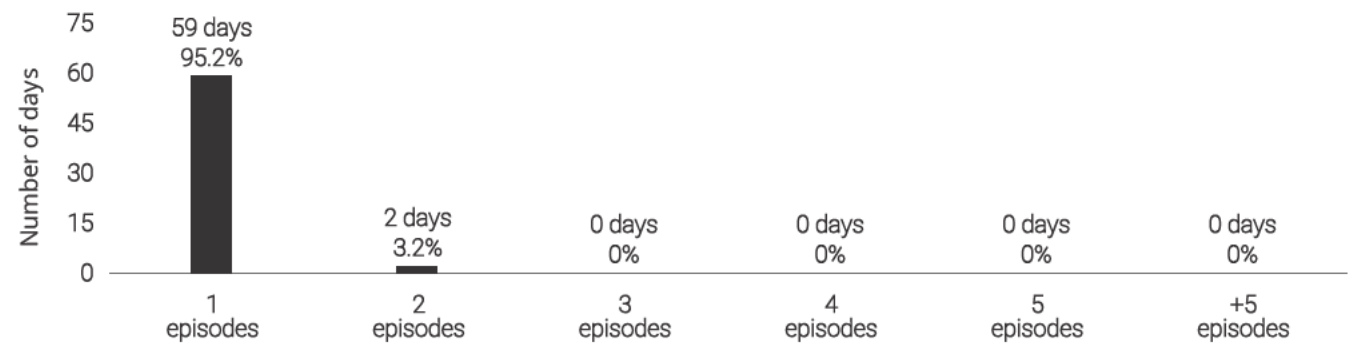


Chart 3

Daily activity level relative to pre-injury or pre-disability daily activity level

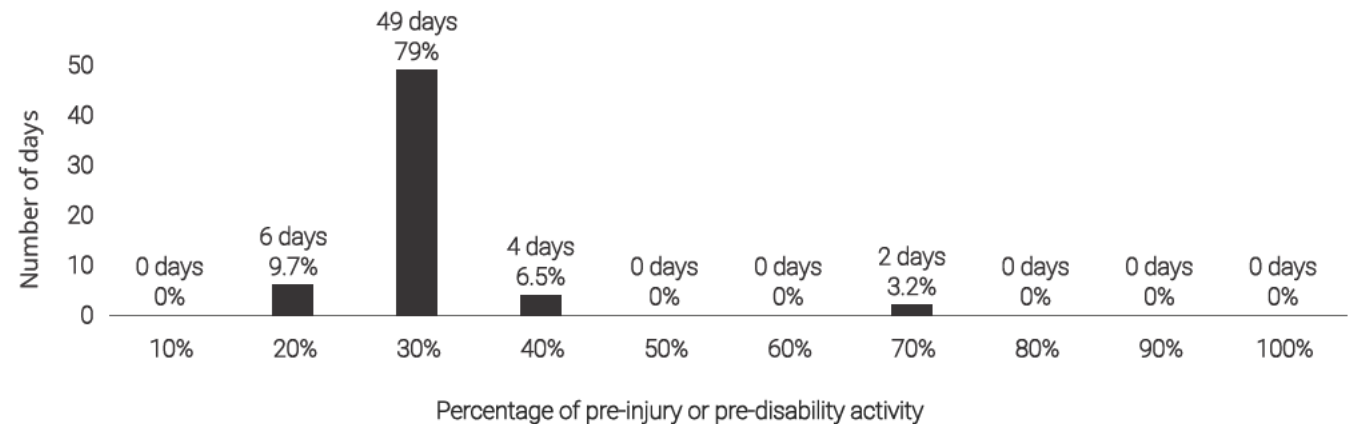




Table 1

📅 Activity during lost time

Activity	Days	Percentage
Sleeping	52	83.9
Lying down	41	66.1
Cold and / or heat therapy	41	66.1
Reclining (legs elevated)	9	14.5
Other	2	3.2
On toilet	0	0
Incontinence cleanup	0	0
Mental coping strategies	0	0

Table 2

📅 Sleep disturbance / irregularity

Disturbance	Days	Percentage
Trouble staying asleep	62	100
Trouble falling asleep	61	98.4
Sleep not restful (wake up tired)	61	98.4
Trouble waking up	1	1.6
No sleep disturbance	0	0
Sleeping too much	0	0
Total days with sleep disturbance	62	100

Chart 4

📊 Total hours sleeping per night

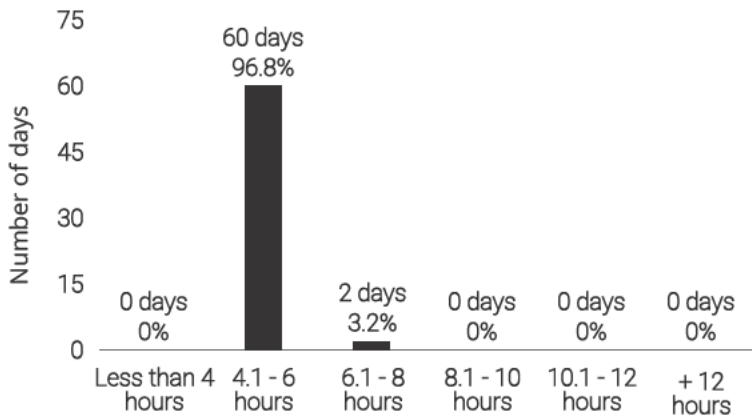


Table 3

📅 Appointments with providers

Month	Year	Visits	Hours
May	2024	2	1h 15m
April	2024	1	1h 10m
March	2024	0	0h 0m

** Includes travel to/from & waiting time.*

Table 4

📅 Medication side effects

Side effects	Days	Percentage
Drowsiness / Sleepiness	62	100
Clouded thinking	7	11.3
Dizziness	18	29
Nausea	42	67.7
Constipation	0	0
Other	3	4.8
None	0	0

Table 5

📅 Missed Work

Month	Year	Hours
April	2024	0h 0m
May	2024	0h 0m
March	2024	0h 0m

** Includes travel to/from & waiting time.*



Chart 5

Overall quality of day

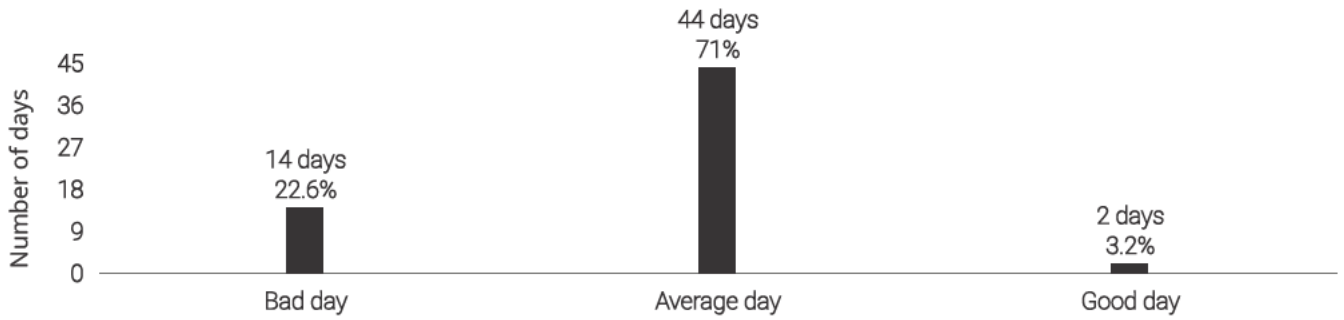


Table 6

Cause of bad day
 if cause known / reported

Cause	Days	Percentage
Other	8	12.9
Medication	1	1.6
Weather	1	1.6
Housework	0	0
Yardwork	0	0
Shopping	0	0
Therapy / procedure	0	0
Work / school / volunteer	0	0
Social interaction	0	0

Chart 6

Time of day when symptoms are worst

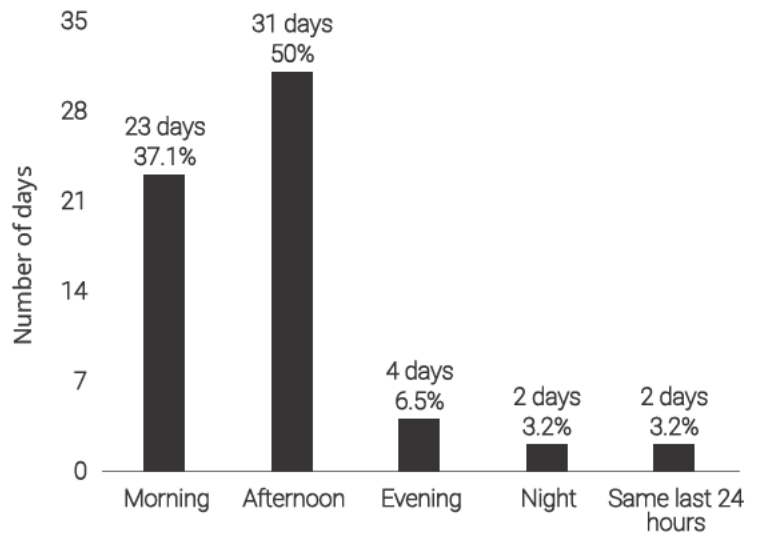


Chart 7

Overall daily pain level

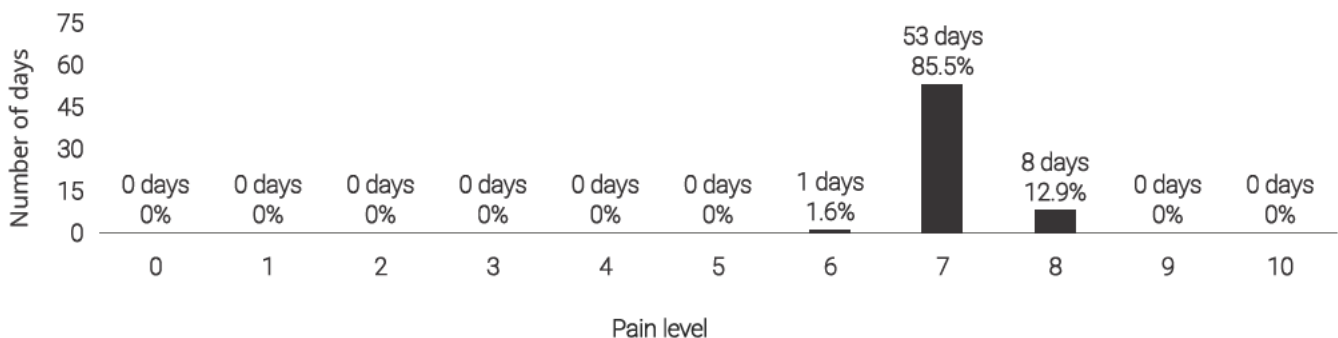




Table 7

Number of days crying due to symptoms

0 days 0% of days

Table 8

Degree of difficulty with basic activities / actions due to symptoms*

	N/A Did not need / want to do	No Difficulty No difficulty at all	Mild Difficulty Some difficulty but didn't rest / breaks	Moderate Difficulty Needed rest / breaks / extra time to complete	Severe Difficulty Unable to complete / help needed	Total Inability Wanted / needed to do but totally avoided
Basic Physical Activities						
Sit (upright, feet on floor)	-	2 days 3.3%	15 days 24.6%	44 days 72.1%	0 days 0%	0 days 0%
Stand	-	0 days 0%	6 days 9.8%	50 days 82%	5 days 8.2%	0 days 0%
Walk (on level ground)	-	0 days 0%	12 days 19.7%	48 days 78.7%	1 days 1.6%	0 days 0%
Transfer (sit stand, stand sit)	-	13 days 21.7%	45 days 75%	2 days 3.3%	0 days 0%	0 days 0%
Climb stairs	7 days	0 days 0%	4 days 6.5%	23 days 37.1%	23 days 37.1%	5 days 8.1%
Reach (forward/side/ovrhd)	1 days	7 days 11.3%	50 days 80.6%	4 days 6.5%	0 days 0%	0 days 0%
Basic Mental Activities						
Read	-	0 days 0%	25 days 50%	24 days 48%	1 days 2%	-
Talk	-	57 days 93.4%	3 days 4.9%	1 days 1.6%	0 days 0%	0 days 0%
Remember	-	9 days 14.8%	45 days 73.8%	7 days 11.5%	0 days 0%	-
Concentrate	-	1 days 1.6%	52 days 85.2%	8 days 13.1%	0 days 0%	-
Understand	-	57 days 95%	3 days 5%	0 days 0%	0 days 0%	-

Table 9

Reading difficulties*

Difficulty	Days	Percentage
Reading causes mental fatigue	45	72.6
Attention / concentration problems when reading	30	48.4
Lose place while reading	21	33.9
Have to reread things to understand	6	9.7
Reading causes headache	4	6.5
Words 'run together' while reading	1	1.6



Table 10

Degree of difficulty with activities due to symptoms

	N/A Did not need / want to do	No Difficulty No difficulty at all	Mild Difficulty Some difficulty but didn't rest / breaks	Moderate Difficulty Needed rest / breaks / extra time to complete	Severe Difficulty Unable to complete / help needed	Total Inability Wanted / needed to do but totally avoided
Activities of Daily Living						
Get out bed in the AM	-	2 days 3.4%	52 days 89.7%	4 days 6.9%	0 days 0%	0 days 0%
Bathe / shave / haircare	4 days	0 days 0%	48 days 77.4%	10 days 16.1%	0 days 0%	0 days 0%
Put on clothes	-	0 days 0%	44 days 75.9%	14 days 24.1%	0 days 0%	0 days 0%
Use toilet	-	47 days 81%	11 days 19%	0 days 0%	0 days 0%	0 days 0%
Tie shoes	4 days	0 days 0%	43 days 69.4%	15 days 24.2%	0 days 0%	0 days 0%
Household chores & cooking	4 days	0 days 0%	2 days 3.2%	35 days 56.5%	21 days 33.9%	0 days 0%
Errands outside the home	4 days	0 days 0%	2 days 3.2%	32 days 51.6%	21 days 33.9%	3 days 4.8%
Hobbies & socializing	9 days	0 days 0%	2 days 3.2%	24 days 38.7%	21 days 33.9%	6 days 9.7%

Table 11

Physical problems and symptoms
(may include medication side effects)

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
Dominant hand only	0	0
Non-dominant only	0	0
Both equally	0	0
Both hands : dominant worse	0	0
Both hands non dominant worse	0	0
Symptom Suffered	Days	Percentage
Hand / wrist pain	0	0
Numbness / tingling / altered sensation (hand)	0	0
Stiffness / cramping (hand)	0	0
Weakness / fatigue (hand)	0	0
Loss of coordination (hand)	0	0
Problems doing this survey (hand)	0	0
Total days with hand symptoms	0	0



Pain	Days	Percentage
Back pain (lower / lumbar)	61	98.4
Back pain (middle / thoracic)	60	96.8
Back pain (upper)	28	45.2
Knee/leg pain	15	24.2
Hip / pelvic pain	13	21
Face pain	5	8.1
Eye pain	0	0
Ear pain	0	0
Mouth/jaw/throat pain	0	0
Neck pain	0	0
Tailbone pain	0	0
Collarbone pain	0	0
Chest pain	0	0
Torso / rib pain	0	0
Foot/ankle pain	0	0
Shoulder pain	0	0
Elbow/arm pain	0	0
Skin pain / sensitivity	0	0
Muscle weakness	0	0
All over joint or muscle pain	0	0
Other muscle / joint pain	0	0

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

Gastrointestinal (Stomach/Bowel)	Days	Percentage
Stomach / belly pain / cramps	0	0
Diarrhea	0	0
Constipation	0	0
Nausea	0	0
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

Headache (Any Kind)	Days	Percentage
Pain (headache)	0	0
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

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

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

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

Breathing Problems	Days	Percentage
Persistent 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
Difficulty breathing	0	0
Other breathing problem	0	0

Table 12

Cognitive & Psychological Symptoms

Cognitive (Thinking / Memory)	Days	Percentage
Difficulty concentrating	61	98.4
Difficulty speaking / expressing yourself	61	98.4
Difficulty reading	52	83.9
Mental fatigue	0	0
Brain fog	0	0
Short term memory problems	0	0
Long term memory problems	0	0
Getting lost in familiar places	0	0
Other cognitive symptom	0	0



Psychological	Days	Percentage
Feeling nervous, restless, or tense	0	0
Easily fatigued	0	0
Irritability	0	0
Muscle tension (tightness)	0	0
Had panic attack(s)	0	0
Worried about panic attacks	0	0
Depressed mood	0	0
Diminished interest in almost all activities	0	0
Appetite disturbance	0	0
Decreased energy	0	0
Feeling guilty / worthless	0	0
Thoughts of death or suicide	0	0
Frequently distracted	0	0
Difficulty organizing task	0	0
Hyperactivity and impulsivity	0	0
Avoided reminders of traumatic event	0	0
Easily startled or scared	0	0
Nightmares	0	0
Intrusive memories / thoughts	0	0
Others	0	0
Days psychological problems caused by injury or illness	0	0

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

Table 13

Primary reason daily survey not completed*

(If any days missed or partially completed)

Reason	Days	Percentage
Too much pain	0	0
Too tired	0	0
Problem using hands	0	0
Other physical symptoms	0	0
Emotional problem	0	0
Cognitive / thinking 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	0	0

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

Table 14

Posture in which this survey was completed

Posture	Days	Percentage
Lying down	37	59.7
Reclining	23	37.1
Sitting upright (feet on floor)	0	0
Standing	0	0
Walking	0	0



Table 15

Table 15 Degree of difficulty completing daily survey due to symptoms

Difficulty	Days	Percentage
None	0	0
Mild (but no breaks needed)	15	24.2
Moderate (had to take breaks)	45	72.6
Severe (someone helped me)	0	0

Table 16

Table 16 Frequency of text message reminders to complete daily survey*

Frequency	Days	Percentage
6 pm	52	82.5
9 pm	21	33.3
10 am	2	3.2

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

Table 17

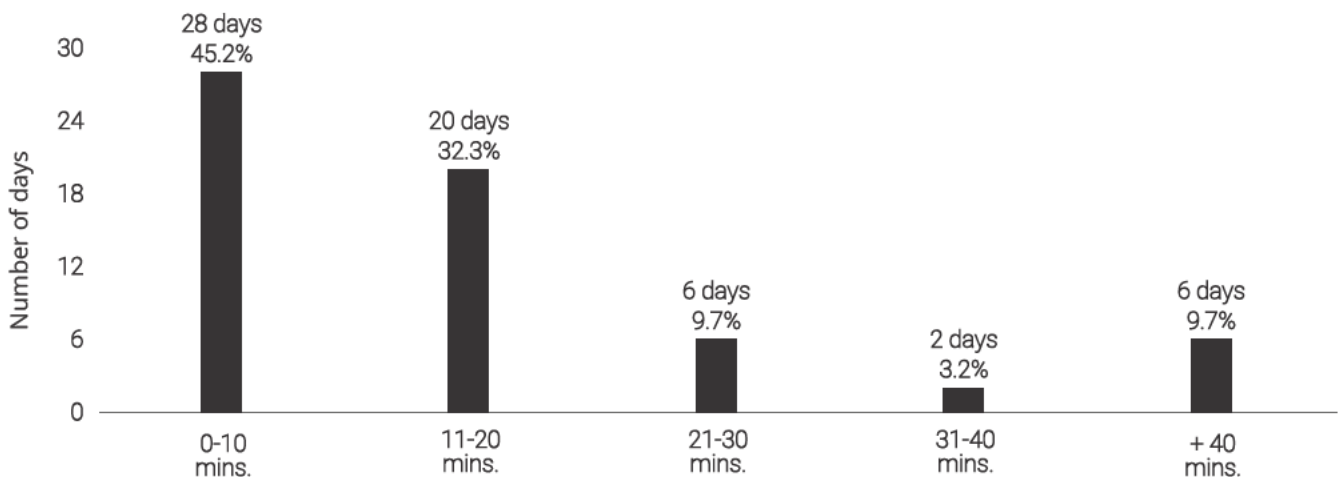
Table 17 Frequency of completion*

Frequency	Days	Percentage
Complete response	60	95.2
Partial response	2	3.2
No response	1	1.6

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

Chart 8

Chart 8 Minutes spent completing this survey each day



- Daily symptom surveys completed by [redacted] at the request of Dell Disability Lawyers.
- Responses submitted by [redacted] 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.