

**Example of**  
**Juror Questionnaire**

This questionnaire has been prepared by the parties under the jurisdiction of the Court. Each prospective juror is asked to complete this questionnaire to assist the Court and parties in selecting jurors for this trial. In particular, this questionnaire is designed to save time. These questions could be asked in open court; but by completing this questionnaire, you are given more privacy. Your answers should be as complete and accurate as possible.

Please answer the following questions as fully as possible. If you need to expend on your answer, please feel free to do so on the reverse side of the page.

**PLEASE REMEMBER THAT YOU ARE UNDER OATH AND ARE REQUIRED  
TO ANSWER THE QUESTIONS TRUTHFULLY.**

Background Information      [Please Print]

1. Your Name: \_\_\_\_\_

2. Age: \_\_\_\_\_

3. Place of Birth: \_\_\_\_\_

4. Area where you primarily grew up: \_\_\_\_\_

5. City of town where you live, and how long you have lived there:  
\_\_\_\_\_  
\_\_\_\_\_

6. Do you own your own home or do you rent?

Own \_\_\_\_\_ Rent \_\_\_\_\_

7. Marital status:

- \_\_\_\_\_ Single and never married.
- \_\_\_\_\_ Currently married and have been for \_\_\_\_\_ years.
- \_\_\_\_\_ Single, but married in the past for \_\_\_\_\_ years.
- \_\_\_\_\_ Widowed, but married in the past for \_\_\_\_\_ years.
- \_\_\_\_\_ Other.

8. Please describe your educational background:

High School: (number of years completed): \_\_\_\_\_

Favorite subject: \_\_\_\_\_

College: (number of years completed) \_\_\_\_\_ Major: \_\_\_\_\_

Other technical or professional training:

\_\_\_\_\_  
\_\_\_\_\_

9. Please name the degrees you have, if any, the vocational or technical schools and colleges you attended, and your major areas of study:

<u>School</u>	<u>Area of Study</u>	<u>Certificate or Degree</u>	<u>Dates</u>

10. What is your current job status?

\_\_\_\_\_ Working full-time  
\_\_\_\_\_ Working part-time

\_\_\_\_\_ Unemployed  
\_\_\_\_\_ Homemaker

11. Your occupation:

\_\_\_\_\_  
\_\_\_\_\_

12. Your employer:

\_\_\_\_\_  
\_\_\_\_\_

13. a) What are your duties and responsibilities at your job?

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b) Do you supervise others?

Yes \_\_\_\_\_ No \_\_\_\_\_

c) Have you had work experience with training or supervising other employees?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

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d) Have you had experience with quality control or risk management?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

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14. What other kinds of jobs have you done previously? Please list major jobs and employers and length of time employed there.

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15. If married, what is your spouse's occupation, present employer and job and job duties? (If divorced, please describe for ex-spouse.)

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16. What were your parents' occupations? (Before death or retirement.)

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

17. Do you have children?

Yes \_\_\_\_\_ No \_\_\_\_\_

a) What are their ages? \_\_\_\_\_

b) What are their occupations (if adults)?

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c) Have any of your children died?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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d) Are any of your children disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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18. Are you a housewife/homemaker? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe any activities outside the home you are involved in.

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19. Have you ever been in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

20. What are your hobbies, major interests, recreational past-times and spare-time activities, including sports?

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21. State the organizations to which you belong.

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22. State the newspapers, magazines, journals and periodicals to which you regularly subscribe.

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23. State your favorite TV program.

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24. State the last two movies you saw.

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25. State three people you admire the most.

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26. State the one person who has influenced you the most and why.

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27. Have you, members of your family or close friends had first-hand experiences with cerebral palsy injuries or severe developmental disabilities?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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28. Have you ever cared for a person who suffered a disabling injury?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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29. Have you ever sued anyone or been sued (other than domestic relations)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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30. Have you ever filed a claim against any one?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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31. There has been publicity about lawyers, lawsuits, jury awards, etc. Have you formed an opinion on this topic?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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32. Do you believe:

There are too many lawsuits? Yes \_\_\_\_\_ Maybe \_\_\_\_\_ No \_\_\_\_\_

Jury Awards are too high? Yes \_\_\_\_\_ Maybe \_\_\_\_\_ No \_\_\_\_\_

People are too ready to sue? Yes \_\_\_\_\_ Maybe \_\_\_\_\_ No \_\_\_\_\_

Lawsuits are costing us all too much money? Yes \_\_\_\_\_ Maybe \_\_\_\_\_ No \_\_\_\_\_

33. Do you have any negative feeling about a lawsuit brought against a doctor or health care provider (such as a hospital, nurses)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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34. Have you ever known anyone who was injured or died as a result of a doctor's negligence or the negligence of a hospital or its nurses?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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35. Have you or any members of your family or close friends ever worked in the medical field (including doctor, nurse, nurses aid, physician's assistant, occupational therapist, physical therapist, speech/language therapist, chiropractor or clerical staff in a clinic or hospital)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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36. Have you or any members of your family or close friends ever had any involvement with           (insert name of defendant-doctor)          ?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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37. Have you or any members of your family or close friends ever had any involvement with any           (insert specialty of defendant-doctor)           at the           (insert name of clinic)          ?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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38. Have you or any members of your family or close friends ever had any involvement with (insert name of clinic)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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39. Have you or any members of your family or close friends ever had any involvement with (insert name of hospital)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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40. Have you or any members of your family or close friends ever worked in the legal profession (i.e. as a judge, lawyer, paralegal, investigator, legal assistant or secretary)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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41. Have you or any members of your family or close friends ever had a child delivered by cesarean section?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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42. Have you or any members of your family or close friends ever had the drug, oxytocin or pitocin given during labor?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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43. Have you taken any medical courses for any reason?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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44. Have you ever worked for a manufacturer of a medical device or in sales for a company which sells medical devices?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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45. Have you or any members of your family or close friends ever worked in the insurance industry?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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46. Are there standards which you must follow at your current job?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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47. Have you ever served as a juror in any other case?

Yes \_\_\_\_\_ No \_\_\_\_\_

Was a verdict reached?

Yes \_\_\_\_\_ No \_\_\_\_\_

Was it unanimous?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, were you in the majority or minority? \_\_\_\_\_

Were you the foreperson?

Yes \_\_\_\_\_ No \_\_\_\_\_

48. Did you come away from your previous jury experience with any negative feelings?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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49. Will serving on this jury cause you any personal hardship?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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50. Do you know anyone else on the panel?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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