

NAME: _____

(Please Print)

Jury Questionnaire Directions

The integrity of our legal system depends on the fairness and impartiality of jurors. This questionnaire has been prepared to assist the court and the parties in determining whether you may have had personal experiences or knowledge about the issues to be decided by the jury. There are no right or wrong answers to any question. Please fill out completely in ink. Since we need to make copies, do not write on the back of any page. If you need more room, continue at the bottom or side of the page, or on the last page (noting question number).

Please answer the questions honestly and completely. This questionnaire is part of the public record of a public trial. In the event that some of the questions call for sensitive personal information, which you wish not to disclose here, please indicate that in your response. You will be provided an opportunity to speak with the judge and/or the attorneys outside the presence of the other jurors. Please leave the completed form with the Jury Assembly Room Clerk before you leave.

PLEASE DO NOT TAKE THIS FORM WITH YOU.

EDUCATION

1. How far did you go in school?

- Grade school _____
- Some high school _____
- High school graduate _____
- Some college courses _____
- Trade school _____
- College degree _____
- Graduate degree _____

2. If you have specialized training or education, please describe it.

3. Have you, or any member of your family had any special training or work experience in any of the following fields? (circle: Self, Family):

- | | | |
|----------------------------------|----------------|---------------|
| Accounting/Finance | ___ YES ___ NO | (Self/Family) |
| Medicine/Health Care | ___ YES ___ NO | (Self/Family) |
| Medical Device Industry | ___ YES ___ NO | (Self/Family) |
| Management | ___ YES ___ NO | (Self/Family) |
| Contracts | ___ YES ___ NO | (Self/Family) |
| Communications/Journalism | | |
| Advertising/Media | ___ YES ___ NO | (Self/Family) |
| Insurance Industry/Banking | ___ YES ___ NO | (Self/Family) |
| Law/Law Enforcement | ___ YES ___ NO | (Self/Family) |
| Counseling/Religious Training | | |
| Pastor | ___ YES ___ NO | (Self/Family) |
| Math, Science, Engineering | ___ YES ___ NO | (Self/Family) |
| Alternative, Holistic Medicine | ___ YES ___ NO | (Self/Family) |
| Food & Drug Administration (FDA) | ___ YES ___ NO | (Self/Family) |
| Research & Development | ___ YES ___ NO | (Self/Family) |

If "Yes" to any of the above categories, please explain briefly:

4. Do you hold a professional or vocational license or certification?

YES _____ NO _____

If "Yes," please list the professional or vocational licenses or certifications.

5. What specialized training or expertise do you have?

EMPLOYMENT HISTORY

6. Current Occupation: _____

7. If you are retired, a homemaker, disabled, or unemployed, what was your last occupation or job outside the home?

8. Describe what you actually do (or did, if retired, disabled, etc.) at your place of employment outside the home.

9. In your most recent job, did you supervise employees?

YES _____ NO _____

10. In your most recent job, did you evaluate the work of others?

YES _____ NO _____

11. How many different jobs have you had in the past 10 years?

One _____
Two _____
Three _____
Four _____
Five _____
Five or More _____

12. Have you ever served in the U.S. Armed Forces?

YES _____ NO _____

If "Yes," for how long, in what branch, and the highest rank you attained.

13. Do you own your home or currently rent at your present location?

OWN _____ RENT _____

14. How long have you lived in the Memphis area?

1 - 2 years _____
3 - 5 years _____
6 - 10 years _____
Over 10 years _____
Entire life _____

If less than 10 years, where did you move from? _____

15. Have you ever filed a workers' compensation claim?

YES _____ NO _____

If "Yes," please explain:

16. Have you or any member of your household, family, or any close friends ever been involved in a lawsuit?

YES _____ NO _____

If "Yes," please explain:

17. Have you or anyone close to you (friend, relative) ever worked for or been associated with any of the following companies?

Johnson & Johnson	___	Yes	___	No
Zimmer Spine Tech	___	Yes	___	No
Stryker	___	Yes	___	No
Medtronic	___	Yes	___	No
Sofamor Danek or				
Medtronic Sofamor Danek	___	Yes	___	No
Tyco Healthcare	___	Yes	___	No
Osteotech	___	Yes	___	No

If "Yes," to any of the above, please explain:

18. Do you own your own business?

YES _____ NO _____

If "Yes," please explain:

19. Have you ever been involved in a business partnership?

YES _____ NO _____

If "Yes," please explain:

20. Do you have any experience with contracts?

YES _____ NO _____

If "Yes," please explain:

21. Have you ever had someone accuse you of breaching a contract or has anyone breached a contract with you?

YES _____ NO _____

If "Yes," please explain:

22. Do you own a home computer?

YES _____ NO _____

23. Do you regularly use e-mail at your home or office?

YES _____ NO _____

24. Do you have internet access at your home or office?

YES _____ NO _____

INVENTOR EXPERIENCE

25. Have you, or someone close to you, ever invented anything?

YES _____ NO _____

If "Yes," please explain:

26. Have you, or someone close to you, ever applied for a patent?

YES _____ NO _____

If "Yes," please explain:

27. Do you have any knowledge about patents or how a person obtains a patent?

YES _____ NO _____

If "Yes," please describe your knowledge:

MEDICAL EXPERIENCE

28. Are any of your personal friends doctors, nurses, or healthcare providers, or are any members of your family doctors, nurses, or health care providers?

YES _____ NO _____

If "Yes," please explain:

29. Are any of your personal friends currently in any type of medical training, or are any members of your family currently in any type of medical training?

YES _____ NO _____

If "Yes," please explain:

30. Are any of your personal friends surgeons, or are any members of your family surgeons?

YES _____ NO _____

If "Yes," please explain:

31. Are any of your personal friends involved in the medical device industry, or are any members of your family involved in the medical device industry?

YES _____ NO _____

If "Yes," please explain:

32. Have you ever had any type of **neck or spinal injury or back problem**?

YES _____ NO _____

If "Yes," please explain:

33. Do you have family or friends with any type of **neck or spinal injury**?

YES _____ NO _____

If "Yes," please explain:

34. Have you ever had any type of **neck or spinal fusion surgery**?

YES _____ NO _____

If "Yes," please explain:

35. Do you know family or friends who have had any type of **neck or back surgery**?

YES _____ NO _____

If "Yes," please explain:

36. Have you or any member of your family or close friend ever been sued?

YES _____ NO _____

If "Yes," please explain:

37. Have you (or anyone close to you) ever sued someone?

YES _____ NO _____

If "Yes," please explain:

38. Have you ever been on a jury before?

YES _____ NO _____

If "Yes," please explain:

What did you think of the experience?

39. Have you ever been a witness in a trial?

YES _____ NO _____

If "Yes," please explain:

40. Do you have any beliefs or feelings for or against corporations or large companies that might prevent you from being a completely fair and impartial juror?

YES _____ NO _____

If "Yes," please explain:

41. Do you read any of the following publications? (Check (✓) all that apply)

Newsweek_____	Time_____	Sports Illustrated_____
Reader's Digest_____	New York Times_____	National Inquirer_____
Road & Track_____	Business Week_____	People Magazine_____
Forbes_____	Star_____	Wall Street Journal_____
Popular Mechanics_____	TV Guide_____	Memphis Bar Journal_____
The Commercial Appeal_____	Health_____	Memphis Daily News_____
Scientific American_____	American Journal of Medicine_____	

42. Have you ever heard of a company called "**Medtronic, Inc?**"

YES _____ NO _____

43. Have you ever heard of a company called "**Sofamor Danek?**"

YES _____ NO _____

44. Have you ever heard of a company called "**Medtronic Sofamor Danek?**"

YES _____ NO _____

45. Have you ever heard of a company called "**Karlin Technology?**"

YES _____ NO _____

If "Yes" to any of the above please explain:

ADDITIONAL INFORMATION:

JUROR SIGNATURE: _____

DATE: _____

COUNTY OF RESIDENCE: _____

Thank you for your time. Please return this questionnaire into the Clerk before you leave.