



How To Use This Post-Accident Journal

How has your life changed since your accident?

So much happens after an accident that remembering it all is impossible. What's more, the shock, grief and adrenaline that often occurs following a serious injury can make memories of the event fade or warp over time.

Since insurance claims and lawsuits operate on facts, it is important that even the smallest details surrounding an accident or injury are preserved. This will help build a stronger case for compensation later on, and it will take the stress off of you so that you can focus on healing.

Use this worksheet so that you don't forget any important details from your accident and post-accident recovery. Keep at it every day, and don't give up!

DAILY POST-ACCIDENT JOURNAL

Date: _____

How are you feeling today?
(circle your pain rating)



1-2
No pain



3-4
Mild pain



5-6
Moderate pain



7-8
Severe pain



9-10
Extreme pain

Location of the pain: _____



Describe your symptoms and how you're feeling



What activities caused pain, or what activities did you miss because of your injury?



How long did the pain last, or how frequently were you in pain?



Did you take any medications or treatment?

NOTES:

WEEKLY POST-ACCIDENT JOURNAL

Week of (date): _____



1-2
No pain



3-4
Mild



5-6
Moderate



7-8
Severe pain



9-10
Extreme

| Date and time | Location of pain | Symptoms | Severity 1 - 10 | Trigger (when you noticed it) | Drug and/or treatments used | Notes |
|---------------|------------------|----------|--------------------|----------------------------------|--------------------------------|-------|
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MONTHLY POST-ACCIDENT JOURNAL

Month and year: _____



1-2
No pain



3-4
Mild



5-6
Moderate



7-8
Severe pain



9-10
Extreme

| Type/location of pain | Days of the month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|-------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Head | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Headache/migraine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Neck | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Back (upper) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Back (middle) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Back (lower) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Collarbone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shoulder | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Elbow | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wrist | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hand | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Torso/ribs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tailbone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Knee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ankle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foot | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Muscles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Numbness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stiffness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tingling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fatigue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nausea | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bruising | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Burns | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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