



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!

Which Journal Should I Use?

This packet includes daily, weekly, and monthly options for tracking your pain and recovery:

- **Daily** – Best for the most detail-oriented clients or those with changing symptoms. Provides the strongest evidence for your case.
- **Weekly** – A good option if daily feels overwhelming. Still gives a reliable picture of how your injuries affect you.
- **Monthly** – A high-level summary for those who prefer simplicity. Better than no tracking at all.

☞ We recommend daily journaling whenever possible, but choose the format you'll actually keep up with. Consistency matters more than perfection.

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

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																																