

POST- ACCIDENT JOURNAL

GUIDELINES



Begin writing down any details as soon as you can after your accident.



Make an entry whenever you have something to report. This may be daily in the beginning or weekly as you begin to reach maximum medical improvement.



Remember: this diary may be examined by others as part of your case. Strive for detailed, accurate, brief yet complete descriptions.

SUGGESTED USE



Start a binder to organize documents relating to your accident.



Make copies of the weekly or daily log page, depending on how detailed you think you can be.



Keep the log pages where you will remember to fill them out. It may be helpful to fill it out at the same time every day. If you don't keep them in your binder, add them as you complete them.

FORMS INCLUDED

Overview of Symptoms

Weekly Journal

Notes

WEEKLY POST-ACCIDENT JOURNAL

Name: Week of (Date):

Week	Symptoms and Details	Severity 1-10	Trigger (when noticed it)	Medications /therapies and side effects	Activities affected	Able to work? (give details, examples)	Medical visits (add details in daily journal)
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

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OVERVIEW OF PAIN AND SYMPTOMS FROM MY ACCIDENT

Name: Date:

This form is to be supported with daily and weekly documentation in your journal on the previous pages.

SYMPTOMS Timing Activities Affected Severity Details First Noticed E.g., pain, sleeplessness, stiffness, reduced mobility, nausea, anxiety, etc.	DETAILS E.g., sharp pain in neck, difficulty falling asleep, hands shaking, etc.	SEVERITY 1-10 (minimal - worst)	FIRST NOTICED Include dates	ACTIVITIES AFFECTED E.g., can't drive, missed work, can't lift granddaughter, reduced concentration, difficult to look over shoulder when driving, etc.	TIMING Duration/freque nc y, e.g., 1-3 hours, every day, mornings, after lying down etc.

What medication/therapies do you use?

What side effects have you noticed?

[illegible]

[illegible]