

## Injury Checklist

Print and use this convenient checklist to note injuries and other pain or uncomfortable symptoms that you are experiencing since your accident occurred.

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| <input type="checkbox"/> Headaches                               | <input type="checkbox"/> Fatigue             |
| <input type="checkbox"/> Numbness in hands & feet                | <input type="checkbox"/> Ache all over       |
| <input type="checkbox"/> Stiff or painful neck                   | <input type="checkbox"/> Loss of neck motion |
| <input type="checkbox"/> Nausea                                  | <input type="checkbox"/> Loss of balance     |
| <input type="checkbox"/> Dizziness                               | <input type="checkbox"/> Loss of hearing     |
| <input type="checkbox"/> Double Vision                           | <input type="checkbox"/> Cold hands or feet  |
| <input type="checkbox"/> Painful back                            | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Muscle spasm                            | <input type="checkbox"/> Poor memory         |
| <input type="checkbox"/> Nervousness                             | <input type="checkbox"/> Anxiety             |
| <input type="checkbox"/> Tingling in limbs                       | <input type="checkbox"/> Depression          |
| <input type="checkbox"/> Ringing in ears                         | <input type="checkbox"/> Rapid heartbeat     |
| <input type="checkbox"/> Painful joints                          | <input type="checkbox"/> Tension             |
| <input type="checkbox"/> Any changes from pre-accident condition |  |