

# Whiplash Self-Assessment Template

## Basic Info

Date: \_\_\_\_\_

Time of Day: \_\_\_\_\_

Mood/Energy: \_\_\_\_\_

## Neck Movement & Range of Motion

Write down any difficulties or limitations in movement.

Looking left: \_\_\_\_\_

Looking right: \_\_\_\_\_

Looking up: \_\_\_\_\_

Looking down: \_\_\_\_\_

Tilting head left/right: \_\_\_\_\_

Additional Notes:

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## Tenderness & Sore Spots

Press gently around the following areas. Note if you feel pain, tension, or sensitivity:

- Base of skull (just below the ears)
- Side of spine
- Shoulder area
- Bony points along vertebrae

Write what you feel:

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## Muscle Tension

Which muscles feel tight?

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## Other Symptoms

Any additional symptoms (brain fog, fatigue, etc.):

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## Triggering Activities

Were you doing anything today that might have triggered discomfort?

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# Whiplash Self-Assessment Template

# Whiplash Recovery Progress Tracker

[illegible]

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