

Mile High Sports and Rehabilitation Medicine, PC

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Pain Diary

Name: _____ Date: _____

Procedure: _____ Date of Procedure: _____

Using a scale of 1-10, with 1 being "Very Little Pain" and 10 being "The Worst Pain"

Rate the Pain on Admission to the Surgery Center (Circle One): 1 2 3 4 5 6 7 8 9 10

Rate the Pain on Discharge from the Surgery Center (Circle One): 1 2 3 4 5 6 7 8 9 10

Post Procedure (Day of Procedure) Date: _____

Time Post Injection	Pain Score (0-10)	Location of Pain	Main Activities
30 minutes			
1 Hour			
2 Hour			
3 Hour			
4 Hour			
5 Hour			
6 Hour			
7 Hour			
8 Hour			
9 Hour			
10 Hour			
11 Hour			
12 Hour			

Day 1 Date: _____ Better Same Worse **Pain (0-10) upon waking:** _____

Time Post Injection	Pain Score (0-10)	Location of Pain	Activity
1 Hour			
2 Hour			
3 Hour			
4 Hour			
5 Hour			
6 Hour			
7 Hour			
8 Hour			
9 Hour			
10 Hour			
11 Hour			
12 Hour			

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Pain Diary

Name: _____ Date: _____

Day 2 Date: _____ Better Same Worse Pain (0-10) upon waking: _____

Time Post Injection	Pain Score (0-10)	Location of Pain	Activity
1 Hour			
2 Hour			
3 Hour			
4 Hour			
5 Hour			
6 Hour			
7 Hour			
8 Hour			
9 Hour			
10 Hour			
11 Hour			
12 Hour			

Day 3	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			
Day 4	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			
Day 5	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			
Day 6	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			
Day 7	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			