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My Pain Diary

Patient Name: _____ Type of 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 Hours (Day of Procedure):

	Pain Score (0-10)	Main Activities	Pain Meds (Type and Strength)
2 hrs after			
4 hrs after			
6 hrs after			
8 hrs after			
10 hrs after			
12 hrs after			
14 hrs after			
16 hrs after			
18 hrs after			
20 hrs after			
22 hrs after			
24 hrs after			

Post Procedure Dates:

Day 1	Pain Score (0-10)	Main Activities	Pain Medications Used (Name, Strength and Quantity)
Morning			
Afternoon			
Evening			
Day 2	Pain Score (0-10)	Main Activities	Pain Medications Used (Name, Strength and Quantity)
Morning			
Afternoon			
Evening			



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Post Procedure Dates (Continued):

Day 3	Pain Score (0-10)	Main Activities	Pain Medications Used (Name, Strength and Quantity)
Morning			
Afternoon			
Evening			
Day 4	Pain Score (0-10)	Main Activities	Pain Medications Used (Name, Strength and Quantity)
Morning			
Afternoon			
Evening			
Day 5	Pain Score (0-10)	Main Activities	Pain Medications Used (Name, Strength and Quantity)
Morning			
Afternoon			
Evening			
Day 6	Pain Score (0-10)	Main Activities	Pain Medications Used (Name, Strength and Quantity)
Morning			
Afternoon			
Evening			
Day 7	Pain Score (0-10)	Main Activities	Pain Medications Used (Name, Strength and Quantity)
Morning			
Afternoon			
Evening			
Day 8	Pain Score (0-10)	Main Activities	Pain Medications Used (Name, Strength and Quantity)
Morning			
Afternoon			
Evening			
Day 9	Pain Score (0-10)	Main Activities	Pain Medications Used (Name, Strength and Quantity)
Morning			
Afternoon			
Evening			
Day 10	Pain Score (0-10)	Main Activities	Pain Medications Used (Name, Strength and Quantity)
Morning			
Afternoon			
Evening			