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### Medial and Lateral Branch Block Pain Diary

Rate your pain on a Scale of 0-10, with 0 being “No Pain” and 10 being the “Worse Pain Possible”

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

Your pre-injection pain score (0-10): \_\_\_\_\_ Location of Pain: \_\_\_\_\_

#### Post Injection Scores

Time Post Injection	Pain Score (0-10)	Location of Pain	Activity
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			

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			



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**Day 3 Date:** \_\_\_\_\_  Better  Same  Worse **Pain (0-10) upon waking:** \_\_\_\_\_

Day 3	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			

**Day 4 Date:** \_\_\_\_\_  Better  Same  Worse **Pain (0-10) upon waking:** \_\_\_\_\_

Day 4	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			

**Day 5 Date:** \_\_\_\_\_  Better  Same  Worse **Pain (0-10) upon waking:** \_\_\_\_\_

Day 5	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			

**Day 6 Date:** \_\_\_\_\_  Better  Same  Worse **Pain (0-10) upon waking:** \_\_\_\_\_

Day 6	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			

**Day 7 Date:** \_\_\_\_\_  Better  Same  Worse **Pain (0-10) upon waking:** \_\_\_\_\_

Day 7	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			

**Day 8 Date:** \_\_\_\_\_  Better  Same  Worse **Pain (0-10) upon waking:** \_\_\_\_\_

Day 8	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			

**Day 9 Date:** \_\_\_\_\_  Better  Same  Worse **Pain (0-10) upon waking:** \_\_\_\_\_

Day 9	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			



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**Day 10 Date:** \_\_\_\_\_  Better  Same  Worse **Pain (0-10) upon waking:** \_\_\_\_\_

Day 10	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			

**Day 11 Date:** \_\_\_\_\_  Better  Same  Worse **Pain (0-10) upon waking:** \_\_\_\_\_

Day 11	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			

**Day 12 Date:** \_\_\_\_\_  Better  Same  Worse **Pain (0-10) upon waking:** \_\_\_\_\_

Day 12	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			

**Day 13 Date:** \_\_\_\_\_  Better  Same  Worse **Pain (0-10) upon waking:** \_\_\_\_\_

Day 13	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			

**Day 14 Date:** \_\_\_\_\_  Better  Same  Worse **Pain (0-10) upon waking:** \_\_\_\_\_

Day 14	Pain Score (0-10)	Location of Pain	Activity
Morning			
Afternoon			
Evening			