

WorkSafeBC Pain Journal Template

Comprehensive workplace injury documentation for BC workers' compensation claims. Tracks work-related pain, functional capacity, treatment compliance, and return-to-work readiness — aligned with Form 8 standards.

Claim Information

Worker Name: _____

WCB Claim Number: _____

Injury Date: _____

Employer: _____

Job Title: _____

Primary Work Duties: _____

Injury Description: _____

Affected Body Areas: _____

Treating Physician: _____

Physiotherapist: _____

Case Manager Name: _____

Pain Scale Reference (0–10 NRS)



Important: Connect Every Entry to Your Work Injury

Every entry should link symptoms to your workplace injury and job duties. Be specific about what work tasks are affected.

Example: "L4-L5 pain increased to 7/10 after 90 min at workstation — could not complete afternoon data entry tasks."

Daily Work-Related Pain Log — Week of: _____

Complete one row per day. Connect all symptoms to your workplace injury and job duties. Note work status: F = Full duties, M = Modified, O = Off work.

Day	Date	AM Pain	PM Pain	Eve Pain	Work Status (F/M/O)	Specific Duties Affected	Aggravating Activities
Mon							
Tue							
Wed							
Thu							
Fri							
Sat							
Sun							

Daily Functional Limitations (Work-Related)

Be specific and measurable. E.g., "Sat for 20 min before L4 pain reached 6/10 — position requires 4 hrs."

Day	Sitting (min before pain)	Standing (min before pain)	Lifting Capacity (lbs)	Walking (min before pain)	Driving (min)	Job Tasks Unable to Complete
Mon						
Tue						
Wed						
Thu						
Fri						
Sat						
Sun						

Work Connection Notes

Detailed Functional Capacity Assessment

Rate each area: 0 = Unable, 5 = Significant difficulty, 10 = Normal/pre-injury. Track changes weekly.

Function	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Sitting tolerance							
Standing tolerance							
Walking distance							
Lifting capacity							
Bending/stooping							
Reaching/overhead							
Gripping/hand use							
Stair climbing							
Driving							
Concentration/focus							

Daily Living & Self-Care Impact

Mark: Y = Independent, ~ = Needed help/modified, X = Unable.

Activity	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Bathing / showering							
Dressing							
Preparing meals							
Housework / cleaning							
Grocery shopping							
Childcare duties							
Sleep quality (1-5)							

Mobility Aids / Assistive Devices Used

Medical Appointments & Treatment

WCB evaluates treatment compliance heavily. Record every appointment and outcome.

Medication Log

Home Exercise / Rehabilitation Compliance

Weekly Work Impact Summary

Complete at end of each week. This documents the gap between capacity and job requirements.

Week of: _____

Work Days Attended (full duties): _____

Work Days Attended (modified duties): _____

Work Days Missed (injury-related): _____

Hours Worked This Week: _____

Normal Hours for This Position: _____

Modified Duties Required:

1. _____
2. _____
3. _____
4. _____

Accommodations Provided by Employer:

1. _____
2. _____
3. _____

Specific Work Tasks I Could Not Complete This Week

Return-to-Work Progress / Barriers

Monthly Summary — For WCB Case Manager Review

Complete at month-end. Bring to all WCB appointments and IMEs.

Month / Year: _____

WCB Claim Number: _____

Work Impact This Month

Total Work Days Missed: _____

Days on Modified Duties: _____

Days at Full Duties: _____

Pain Summary

Average Pain Level (0-10): _____

Worst Pain Level This Month: _____

Best Pain Level This Month: _____

Pain Trend (improving / stable / worsening): _____

Treatment Compliance

MD Appointments Attended / Scheduled: _____

Physio Sessions Attended / Scheduled: _____

Home Exercise Compliance (%): _____

Functional Capacity Changes

Improved: _____

Unchanged: _____

Worsened: _____

Questions for Case Manager / Next Steps

Disclaimer: Pain Tracker Pro is not affiliated with, endorsed by, or connected to WorkSafeBC. This template provides a documentation framework based on publicly available WCB evaluation criteria. It is not legal advice. Consult a workers' compensation lawyer for claim-specific guidance.