

# 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.

Date	Provider / Clinic	Type (MD/Physio/Specialist)	Treatment Provided	Pain Before (0-10)	Pain After (0-10)	Next Steps / Prescribed

## Medication Log

Date	Medication Name	Dose	Time Taken	Relief % (0-100)	Duration of Relief	Side Effects

## Home Exercise / Rehabilitation Compliance

Date	Exercise 1: _____	Exercise 2: _____	Exercise 3: _____	Duration (min)	Pain During (0-10)	Completed All? (Y/N)

## 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.