



Early Report of Discomfort and Pain - Employee Section

Please fill out this form and hand it to your supervisor/manager. If at any stage you are concerned, consult a medical professional.

Type your entries directly in the text areas below then save or print the form. Alternatively you can print the blank form and complete it by hand. The diagram of discomfort/pain must be completed by hand. To ensure the whole page is printed, in your print settings change the Page Scaling to **"Shrink to Printable Area"** or a similar option depending on your printer.

Name :

Job title :

Date :

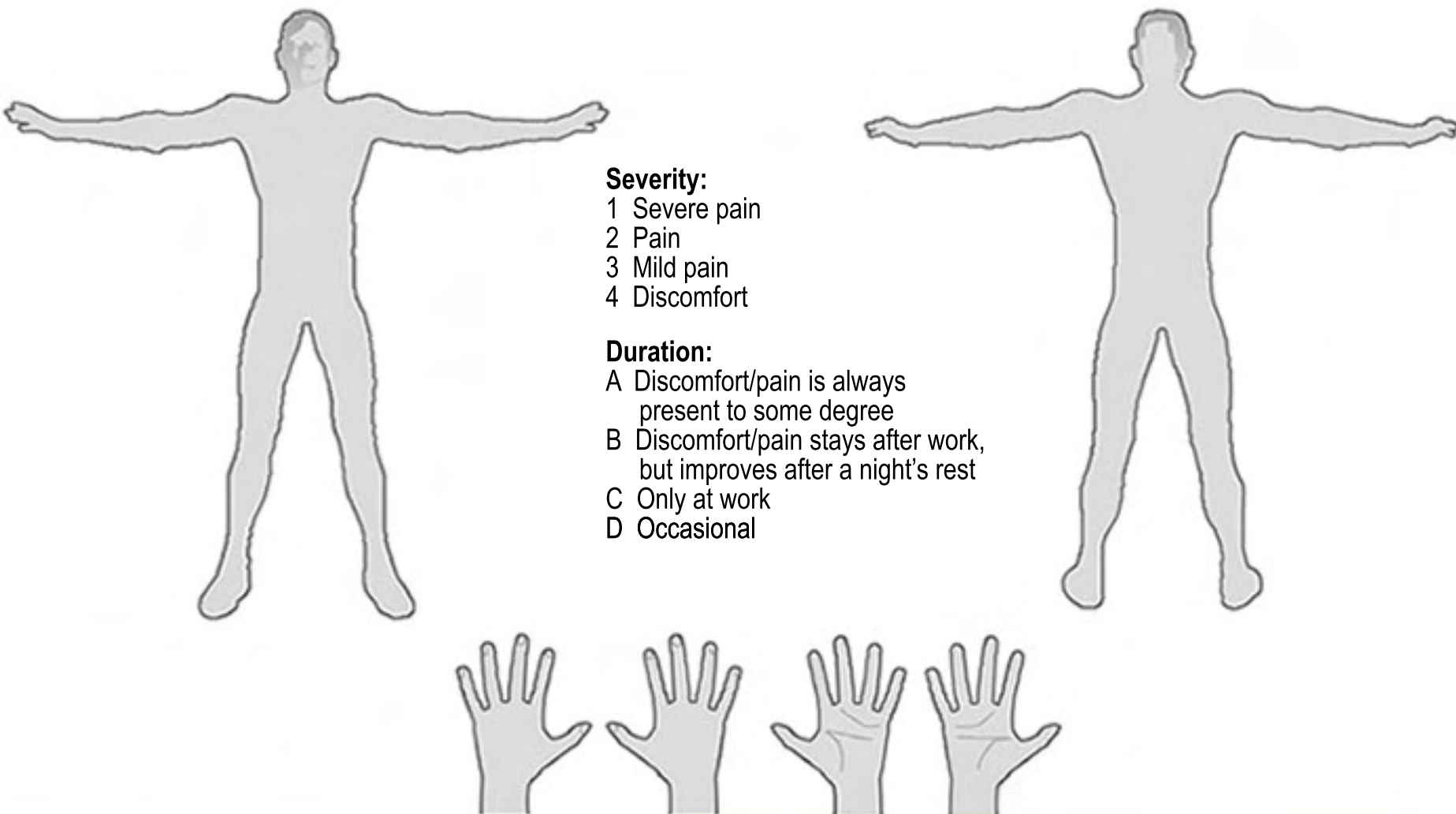
Contact details :

Describe the problem :
(including what makes it worse/better and what it is like when not at work?)



Fill this section in by hand after you've completed the rest of the form on screen and printed it.

Mark each area where you feel discomfort or pain on the diagram. Next to each area write the number that shows the severity of the discomfort or pain you feel there, and the letter that indicates how long you've been noticing it there.



When did you first notice discomfort/pain?

Is the problem: (tick one) getting worse getting better or remaining same ?

Have you ever had this (or similar discomfort/pain) before? No Yes

If yes, please describe:

Are you doing anything specific, or taking anything, for the discomfort/pain? No Yes

If yes, please describe:

'Red Flags' - check the list of symptoms below. They may be an indication of a specific condition. If you're experiencing any of these symptoms you may wish to consult a health professional.

- Pain that's worse when you lie down
- Pain that doesn't go away at night
- Fever
- Unexplained weight loss
- A history of cancer
- Numbness around the groin area
- Bladder or bowel problems



Employee Section (Continued)

- There are seven groups of contributory factors that in combination can result in you feeling discomfort or pain. If left unattended they can lead to injury. To manage discomfort and pain effectively, all seven groups of factors must be addressed as much as is possible.
- Please think about each of these categories and put down any information you think will be helpful.
- Please note that even if some factors only exist outside your work environment they may still be affecting you at work.
- The information contained here will be kept confidential.

1. Workplace layout and awkward positions – having to reach a lot, sit in awkward positions, twist to do your work, etc.

2. Loads and forceful movements - what sort of loads need to be pushed, pulled, handled and how hard it is to do that.

3. Variation in your job – whether you do the same thing all day, or hold a certain position with all or part of your body for long periods. Also includes whether your work is mentally tiring or boring.

4. Work environment – hot, cold, noisy, draughty, bright, stuffy, wet, etc.

5. Work organisation – do you take your scheduled breaks? Do you work long hours or shifts? Are there peaks and troughs in your workload? Does the chain of command at your workplace cause any issues?

6. Your lifestyle – do you keep fit, do you smoke, are you overweight, do you get enough sleep, do you drink too much, etc. You don't have to put anything down here if you don't want to, but you do need to be aware that these may contribute to the presence of discomfort or pain.

7. Things that upset or 'stress' you - relationship issues (family or workmates), money worries, lack of support, fear of re-injury etc. You don't have to put anything down here if you don't want to but you do need to be aware that these may contribute to the presence of discomfort or pain.

Employee signature:

To ensure the whole page is printed, in your print settings change the Page Scaling to "Shrink to Printable Area" or a similar option depending on your printer.