Early intervention of discomfort or pain: reporting form

ShopCare Charitable Trust

Most muscle discomfort or pain is harmless and usually resolves on its own. It may not be related to work or a specific injury, but addressing discomfort or pain early is the best approach for managing it effectively.

Please complete this form if you are experiencing discomfort or pain and submit it to your immediate leader or supervisor. If your discomfort or pain is the result of a specific incident at work, please fill out an incident / injury report.

Full name:

Job title:

Signature:

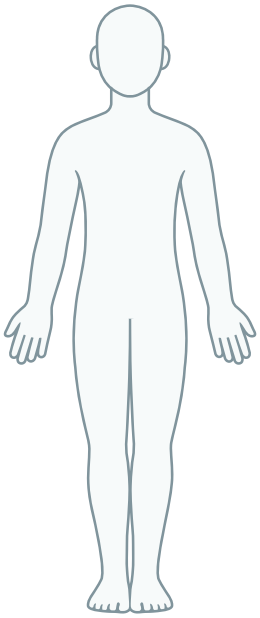
Today's date:

DD / MM / YYYY

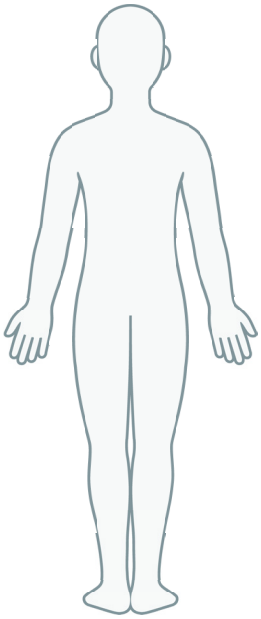
Describe the discomfort or pain you're experiencing:

Mark on the figures below where you feel achy or sore, and rate how sore you're feeling.

FRONT BODY



BACK BODY



LEFT HAND

RIGHT HAND

How severe is your pain?

- Discomfort ☐
- Mild pain ☐
- Pain ☐
- Severe pain ☐

How often do you suffer from pain?

- Less than once a week ☐
- A few times a week ☐
- At least once a day ☐
- Always have some pain ☐

When did you first notice the discomfort or pain?

Describe what it felt like initially and what you were doing when you first experienced it:

Have you experienced this issue before? If so, provide description and when was the last occurrence?

Do you think any of the following are causing, or adding to, your discomfort or pain? (mark all that apply)

Workplace risks:

- ☐ Awkward postures while working
- ☐ Repetitive tasks
- ☐ Over-reaching
- ☐ Vibrations
- ☐ Heavy lifting
- ☐ Working overhead
- ☐ Working bent over
- ☐ Temperatures

Environmental and organisational challenges:

- ☐ The pace of work
- ☐ Lack of correct equipment
- ☐ Weather conditions
- ☐ Lack of control over your work
- ☐ Not enough workers
- ☐ Poor work relationships
- ☐ Congested or limited space

Personal health factors:

- ☐ General health
- ☐ Fitness level
- ☐ Stress
- ☐ Activities outside of work
- ☐ Other (please specify):

At what time of day is the discomfort or pain most noticeable?

Does the discomfort or pain occur outside the workplace? If so, where?

What activities do you participate in outside of work (e.g., sports, clubs, hobbies)?

What are you doing to manage your discomfort or pain?

- ☐ Pain relief medication
- ☐ Stretches
- ☐ Pacing myself at work
- ☐ Rest
- ☐ Warming up before work
- ☐ Medical treatment
- ☐ Exercises
- ☐ Keeping active in general
- ☐ Changing the way I do things
- ☐ Other (please specify):

Additional comments:

Once completed, please pass this to your leader/supervisor to review together.

For employers (select all that apply):

- ☐ Spoke to worker
- ☐ Provided self-help information
- ☐ Provided appropriate medical treatment
- ☐ Addressed contributing factors
- ☐ Other (please specify):
- ☐ Conducted workplace ergonomics assessment
- ☐ Agreed to follow up
- ☐ Reviewed tasks
- ☐ No further action required

Additional employer comments:

I have reviewed this form with my employee:

Leader signature: _____ Date: DD / MM / YYYY

If follow-up is required:

Leader signature: _____ Date: DD / MM / YYYY

Visit shopcare.org.nz for more helpful resources.

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