

SELF-REPORT OF DISCOMFORT

Employee name: _____

Client name: _____

Job title: _____

Length of time at present job: _____

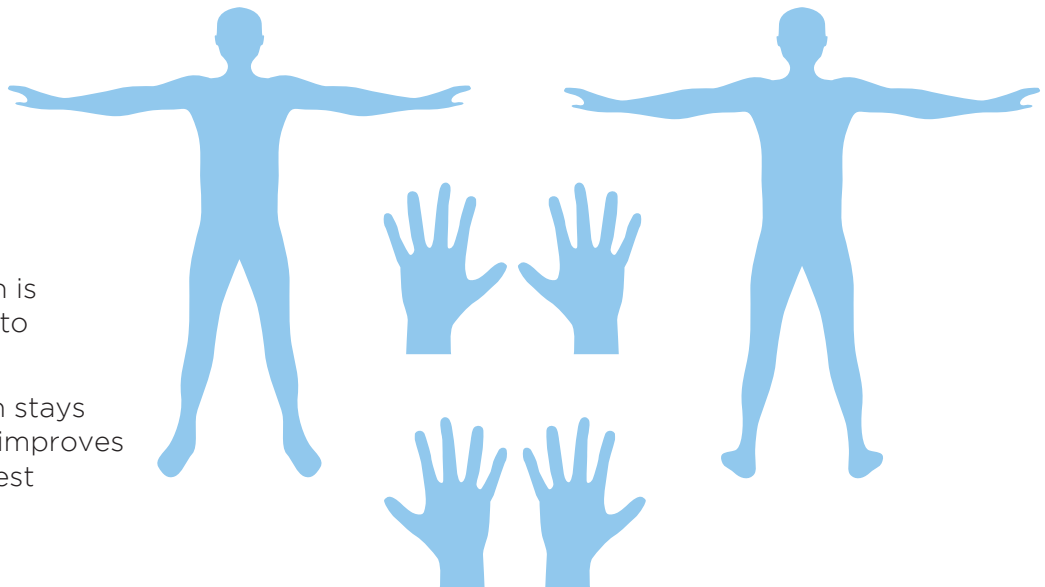
Mark the areas most affected on the body diagram. Next to each area write the number that shows the severity of the discomfort or pain you feel there and the letter that indicates how long you have been noticing it there.

Severity

- 1** Severe pain
- 2** Pain
- 3** Mild pain
- 4** Discomfort

Duration

- A** Discomfort/pain is always present to some degree
- B** Discomfort/pain stays after work, but improves after a night's rest
- C** Only at work
- D** Occasional



Describe the problem and how it feels (e.g. aching, painful, tight) – also include, what makes it feel worse/better and what it is like when not at work.

When did you first notice the discomfort/pain? _____

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

Signed _____

Today's date _____

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