UCSD Pain Relief Program
Participant Qualification Worksheet

The Pain Relief Program (PRP) consists of deep tissue treatments and interactive classes focusing on Pain Away strategies to manage muscular pain. It consists of 3 weekly treatment sessions (30-minutes per session) and 1 instructional class using a foam roller and a softball. PRP is offered by Environment, Health, and Safety (EH&S) at no cost to you or your department (with exceptions).

If you are involved in medical treatment or therapy, EH&S recommends that you complete the prescribed regime and then consult with your physician see if this program is appropriate for you.

To fully benefit from the program, the following conditions must be met by the employee:

- Experiencing pain that is impairing work
- Completed the web-based tutorial (WBT) on computer ergonomics and/or back safety at http://blink.ucsd.edu/go/ergo (requires verification before EH&S can refer you to a therapist)
- Willing to make all 3 of your appointments and participate in 1 Pain Away class
- Will notify dept. coordinator/therapist within 24 hours to reschedule or switch time with co-workers
- Will complete the pre- and post-treatment survey
- Have approval from your supervisor

To help determine qualification for the program, please mark the answer below:

1) Level of interest: _____ 😊 high    _____ 😊 moderate    _____ 😊 indifferent

2) Pain rating: _____ 😞 unbearable    _____ 😞 severe    _____ 😊 moderate

3) Frequency of pain at work per work shift:
   _____ Rarely (<10%, <1 hour)    _____ Occasionally (33%, <2.5 hours)
   _____ Frequently (34 – 66%, 2.5 – 5 hours)    _____ Constantly (66 – 100%, >5 hours)

Please provide any other comments regarding your pain:

Include your online web-based tutorial certificate or provide WBT completion date: ______________

Date of Pain Away class attendance (within a month of the PRP sessions): ______________
(Class dates and registration are in UCLearning.ucsd.edu)

I, ____________________________, confirm that all the information above is correct and that I accept the terms and conditions.

_________________________    ___________________________    ___________________________
Signature                  Department                   Ext.                   Date

Please email completed form to your department contact person.