

## Discomfort Survey

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### Personal Information

Name: \_\_\_\_\_

1. Height:                      2. Weight:                      3. Gender:    M                       F

### Job Information

4. Current Job Title: \_\_\_\_\_

5. Length of Time at Current Job:

- |  |   |
|--|---|
| <input type="checkbox"/> Less than 3 months                | <input type="checkbox"/> 3 to 5 years                       |
| <input type="checkbox"/> 3 to 12 months                    | <input type="checkbox"/> More than 5 but less than 10 years |
| <input type="checkbox"/> More than 1 but less than 3 years | <input type="checkbox"/> More than 10 years                 |

6. Other Jobs Currently Performed:

How Often:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |                               |
|-------------------------------|
| A. Less than 25% of the shift |
| B. 25 to 50% of the shift     |
| C. More than 50% of the shift |

7. Past/Previous Job Titles:

\_\_\_\_\_  
*years or months at this job e.g. 2003-2006*

\_\_\_\_\_  
*years or months at this job e.g. 2003-2006*

\_\_\_\_\_  
*years or months at this job e.g. 2003-2006*

\_\_\_\_\_  
*years or months at this job e.g. 2003-2006*

### Discomfort Information

8. In the last year, have you felt any musculoskeletal discomfort or pain while performing your job?

- Yes    If Yes, please continue on the next page  
 No      If No, you are now finished the questionnaire.

9. Using the scale below, rate your discomfort or pain levels by circling the appropriate number associated with each body part. Please notice that this is the feeling when you perform your job. Do this for each body part in which you feel discomfort or pain.

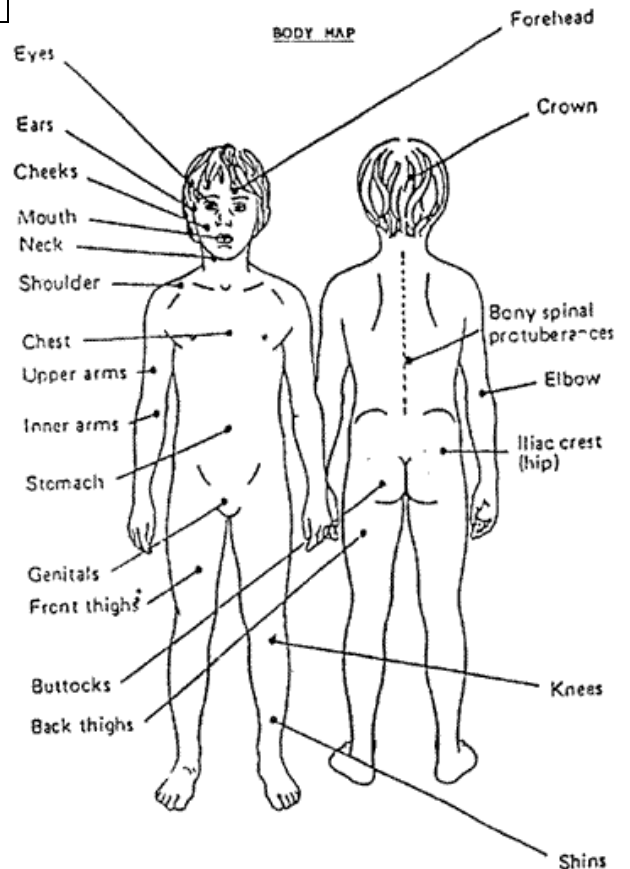
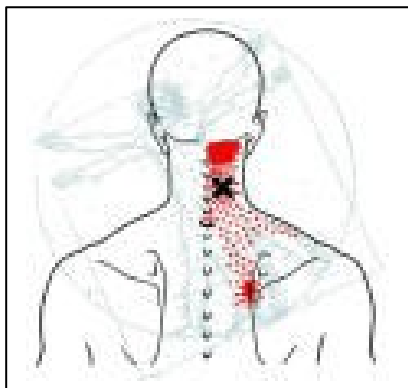
Example: For "moderate discomfort or pain" in the neck:

2	Neck	0	1	2	3	4	5
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**0 No Discomfort**      **2 Mild Discomfort**      **4 Major Discomfort**  
**1 Minor Discomfort**      **3 Moderate Discomfort**      **5 Severe Discomfort**

<b>1</b>	Head/Eye	0	1	2	3	4	5	<b>12</b>	Left Hand/Finger	0	1	2	3	4	5
<b>2</b>	Neck	0	1	2	3	4	5	<b>13</b>	Right Hand/Finger	0	1	2	3	4	5
<b>3</b>	Upper Back	0	1	2	3	4	5	<b>14</b>	Low Back	0	1	2	3	4	5
<b>4</b>	Left Shoulder	0	1	2	3	4	5	<b>15</b>	Left Hip/Thigh	0	1	2	3	4	5
<b>5</b>	Right Shoulder	0	1	2	3	4	5	<b>16</b>	Right Hip/Thigh	0	1	2	3	4	5
<b>6</b>	Left Elbow	0	1	2	3	4	5	<b>17</b>	Left Knee	0	1	2	3	4	5
<b>7</b>	Right Elbow	0	1	2	3	4	5	<b>18</b>	Right Knee	0	1	2	3	4	5
<b>8</b>	Left Forearm	0	1	2	3	4	5	<b>19</b>	Left Ankle/Foot	0	1	2	3	4	5
<b>9</b>	Right Forearm	0	1	2	3	4	5	<b>20</b>	Right Ankle/Foot	0	1	2	3	4	5
<b>10</b>	Left Wrist	0	1	2	3	4	5		Other:	0	1	2	3	4	5
<b>11</b>	Right Wrist	0	1	2	3	4	5								

Shade in the areas of the body in which you feel the most pain or discomfort. For example, for neck or discomfort or pain:



10. Does your present job make your discomfort or pain worse?  Yes  No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you received any treatment (e.g. medication, hot/cold treatment, physiotherapy, etc.) to relieve the discomfort or pain?

Yes  No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. a) Do you have any ideas what are the factors in your job (e.g. the object handled, the workstation, the work technique, tool used, etc.) causing the discomfort or pain?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Do you have any suggestions to improve the work condition to prevent or reduce the possibility of causing the discomfort or pain?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you very much for completing this survey.**

# Discomfort Worksheet

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Tally of reported discomfort for a worksite job title by body part.

Worksite Job Title: \_\_\_\_\_ Date: \_\_\_\_\_

Number of Workers: \_\_\_\_\_ Number of Surveys Returned: \_\_\_\_\_

Number of surveys with "Yes" to discomfort/pain (question 8): \_\_\_\_\_

Body Part	Tally of Discomfort Values	Tally Totals	Number of Incidents	Average Discomfort Value
Head/Eye				
Neck				
Upper Back				
Shoulder (L)				
Shoulder (R)				
Elbow (L)				
Elbow (R)				
Forearm (L)				
Forearm (R)				
Wrist (L)				
Wrist (R)				
Hand/Finger (L)				
Hand/Finger (R)				
Low Back				
Hip/Thigh (L)				
Hip/Thigh (R)				
Knee (L)				
Knee (R)				
Ankle/Foot (L)				
Ankle/Foot (R)				
Other				
Grand Average of Discomfort Values:		Sum of Tally Totals	Sum Total of Incidents	

## Musculoskeletal Injuries Chart

Injury/Disorder	Signs & Symptoms	Typical Causes with Examples
<p><b>Back Injuries</b></p> <ul style="list-style-type: none"> <li>• Strains or sprains of muscles or ligaments</li> <li>• Pressure on disc between vertebrae</li> <li>• Bulge or tear of outer disc fibres</li> <li>• Wear and tear on facet joints</li> </ul> <p>Other disorders</p>	<ul style="list-style-type: none"> <li>• Pain in the back or referred down the leg</li> <li>• Restricted movement of back</li> <li>• Additional signs or symptoms are dependent on the type of disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Manual lifting and handling, e.g., a health care worker transferring a patient</li> <li>• Awkward back posture, e.g., retrieving parts from a bin</li> <li>• Prolonged static back postures, e.g., a computer operator sitting for extended periods of time</li> <li>• Whole body vibration, e.g., a mobile equipment operator sitting in a vibrating vehicle</li> </ul>
<p><b>Bursitis</b></p> <ul style="list-style-type: none"> <li>• Inflammation of the bursa (sac) found around some joints, causing an increase in the fluid within the bursa</li> </ul>	<ul style="list-style-type: none"> <li>• Pain and swelling at the site of the disorder</li> <li>• Pain in the affected area when the joint is moved</li> </ul>	<ul style="list-style-type: none"> <li>• Force and repetitive movement, e.g., using a knee kicker to stretch and lay carpet</li> <li>• Awkward reaches, e.g., pulling products along the belt of a cashier's station, over the scanner and to the packing area</li> </ul>
<p><b>Carpal Tunnel Syndrome</b></p> <ul style="list-style-type: none"> <li>• Pressure on the median nerve that passes through the carpal tunnel</li> </ul>	<ul style="list-style-type: none"> <li>• Tingling, pain and numbness in the thumb and fingers, especially at night</li> </ul>	<ul style="list-style-type: none"> <li>• Repetitive work, e.g., entering data into a computer using awkward wrist postures</li> <li>• Repetitive wrist movements and use of force, e.g., a mechanic repairing vehicles</li> <li>• Work requiring force using awkward wrist postures, e.g., using power tools</li> </ul>
<p><b>DeQuervain's Disease</b></p> <ul style="list-style-type: none"> <li>• Constriction of the tendon sheath between the thumb and the wrist</li> </ul>	<ul style="list-style-type: none"> <li>• Pain, swelling and difficulty in moving thumb</li> </ul>	<ul style="list-style-type: none"> <li>• Repetitive friction between the two thumb tendons and their common sheath from combinations of hand twisting and forceful gripping, e.g., a clothes wringing movement</li> </ul>

<b>Injury/Disorder</b>	<b>Signs &amp; Symptoms</b>	<b>Typical Causes with Examples</b>
<b>Epicondylitis</b> <ul style="list-style-type: none"> <li>Inflammation of the area at the elbow where the tendon attaches to bone; also known as tennis elbow and golfer's elbow</li> </ul>	<ul style="list-style-type: none"> <li>Pain and swelling at the site of the disorder and when using the hand and arm</li> </ul>	<ul style="list-style-type: none"> <li>Repetitive extension and flexing of the elbow with rotation of the forearm often with additional force, e.g., meat cutters and paint spray gun operators</li> </ul>
<b>Muscle Strain</b> <ul style="list-style-type: none"> <li>Tears in the fibres of muscles and/or tendons</li> </ul>	<ul style="list-style-type: none"> <li>Local pain and swelling</li> <li>Decreased ability to use muscle</li> </ul>	<ul style="list-style-type: none"> <li>Overuse of muscles, e.g., construction workers repeatedly handling materials and supplies</li> </ul>
<b>Tendonitis</b> <ul style="list-style-type: none"> <li>Inflammation of tendons and of tendon-muscle junctions</li> </ul>	<ul style="list-style-type: none"> <li>Pain, swelling, tenderness or redness of area around tendon</li> </ul>	<ul style="list-style-type: none"> <li>Repetitive movement of the arm and shoulder with the arm in an awkward posture, e.g., repairing or installing overhead lighting</li> </ul>
<b>Tenosynovitis</b> <ul style="list-style-type: none"> <li>Inflammation of the tendon sheath</li> </ul>	<ul style="list-style-type: none"> <li>Aching, tenderness, swelling, pain and difficulty using affected part</li> </ul>	<ul style="list-style-type: none"> <li>Repetitive work, e.g., light assembly tasks or food processing</li> <li>Can be brought on by sudden increases in work load or by the introduction of a new process</li> </ul>
<b>Trigger Finger</b> <ul style="list-style-type: none"> <li>Inflammation of tendons and/or sheaths of the affected finger(s) – usually the index finger</li> </ul>	<ul style="list-style-type: none"> <li>Difficulty moving finger smoothly with or without pain</li> </ul>	<ul style="list-style-type: none"> <li>Repetitive work often requiring forceful exertions of one or more fingers, e.g., operating power tools that require one finger to operate the trigger mechanism</li> </ul>
<b>White Finger Disease</b> <ul style="list-style-type: none"> <li>Reduced blood circulation in finger tips which can lead to nerve damage</li> </ul>	<ul style="list-style-type: none"> <li>Pale, white skin and pain around finger tips</li> </ul>	<ul style="list-style-type: none"> <li>Repetitive use of vibrating tools often used in a cold environment, e.g., miners using jackleg drills, loggers using chainsaws or construction workers using jackhammers</li> </ul>