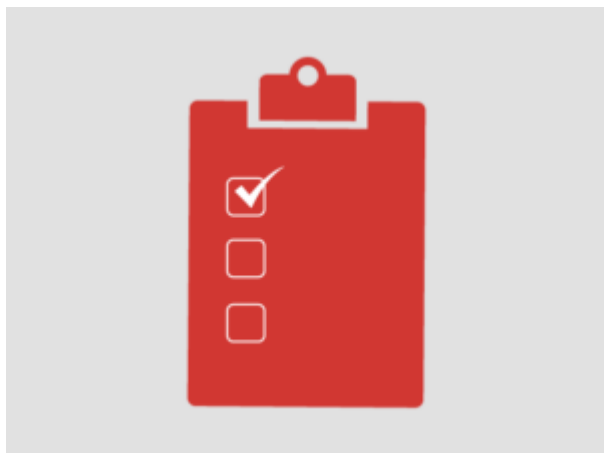


# Medical History Checklist Symptoms Survey for Work-Related Musculoskeletal Disorders (WMSDs)



What is a symptoms survey for work-related musculoskeletal disorders (WMSDs)?

One element of an effective ergonomics program for the prevention of WMSDs is to ask workers questions about their health. A symptoms survey helps to find out when workers are experiencing any discomfort, pain or disability that may be related to workplace activities.

## Sample Health Survey

1. What is your current job title? \_\_\_\_\_
2. What are your main work tasks?
3. How long have you been performing these tasks?
4. What is your main body/work position?
5. What are the tools you work with most often?
6. Do you often have to reach away from your body?
7. Do you often handle objects or tools above shoulder height or near the floor?
8. Do you do repetitive movements?
9. Among the tasks that you do, which ones do you find the most difficult?
10. Have there been any changes at work recently (job, tasks, tools)?

11. In this diagram the body parts are shown approximately. Please indicate where your pain or discomfort is located, if any. Shade in any area(s) where you have had pain or discomfort that lasted 2 days or more in the last year which was caused by your job. If you did not shade in any area, go to question #46.

## Type of pain

5. In the last year, have you had pain or discomfort caused by your job that lasted 2 days or more?

a) Neck	Yes	No
b) Shoulder	Yes	No
c) Elbow	Yes	No
d) Wrist/forearm	Yes	No
e) Hand	Yes	No
f) Upper back	Yes	No
g) Lower back	Yes	No
h) Foot	Yes	No

If you answered "no" to all of these questions, go to question #46. If you answered "yes" to any of the points in a-h above, please answer the following questions for that particular part(s) of the body.

### Neck pain

6. While working is the pain or discomfort:  
Less Same Worse
7. After your shift, is the pain or discomfort:  
Less Same Worse
8. After a week away from work, is the pain or discomfort:  
Less Same Worse
9. Has the pain or discomfort caused you to take time off work in the past year?  
Yes No  
If yes, how many days off in all? \_\_\_\_\_ days
10. To what degree has your pain or discomfort interfered with your work, your life outside of work, and your sleep in the past year?
- 1) How much does it interfere with your work?  
No interference  
Some interference  
Had to take time off work due to pain  
If you had to take time off work, how many days off in the past year? \_\_\_\_\_
- 2) How much does it interfere with your life outside of work?  
No interference  
Some interference  
Had to stop enjoying activities due to pain  
If you had to stop activities, how many days in the past year did you stop it? \_\_\_\_\_
- 3) How much does it interfere with your sleep?  
No interference  
Some interference  
It affects me every night



### Shoulder pain

11. While working is the pain or discomfort:  
Less Same Worse
12. After your shift, is the pain or discomfort:  
Less Same Worse
13. After a week away from work, is the pain or discomfort:  
Less Same Worse
14. Has the pain or discomfort caused you to take time off work in the past year?  
Yes No  
If yes, how many days off in all? \_\_\_\_\_ days
15. To what degree has your pain or discomfort interfered with your work, your life outside of work, and your sleep in the past year?
- 1) How much does it interfere with your work?

No interference

Some interference

Had to take time off work due to pain

If you had to take time off work, how many days off in the past year? \_\_\_\_\_

2) How much does it interfere with your life outside of work?

No interference

Some interference

Had to stop enjoying activities due to pain

If you had to stop activities, how many days in the past year did you stop it? \_\_\_\_\_

3) How much does it interfere with your sleep?

No interference

Some interference

It affects me every night

### **Elbow pain**

16. While working is the pain or discomfort:

Less

Same

Worse

17. After your shift, is the pain or discomfort:

Less

Same

Worse

18. After a week away from work, is the pain or discomfort:

Less

Same

Worse

19. Has the pain or discomfort caused you to take time off work in the past year?

Yes

No

If yes, how many days off in all? \_\_\_\_\_ days

20. To what degree has your pain or discomfort interfered with your work, your life outside of work, and your sleep in the past year?

1) How much does it interfere with your work?

No interference

Some interference

Had to take time off work due to pain

If you had to take time off work, how many days off in the past year? \_\_\_\_\_

2) How much does it interfere with your life outside of work?

No interference

Some interference

Had to stop enjoying activities due to pain

If you had to stop activities, how many days in the past year did you stop it? \_\_\_\_\_

3) How much does it interfere with your sleep?

No interference

Some interference

It affects me every night

### **Wrist/forearm pain**

21. While working is the pain or discomfort:  
 Less Same Worse
22. After your shift, is the pain or discomfort:  
 Less Same Worse
23. After a week away from work, is the pain or discomfort:  
 Less Same Worse
24. Has the pain or discomfort caused you to take time off work in the past year?  
 Yes No  
 If yes, how many days off in all? \_\_\_\_\_ days

25. To what degree has your pain or discomfort interfered with your work, your life outside of work, and your sleep in the past year?

1) How much does it interfere with your work?

No interference

Some interference

Had to take time off work due to pain

If you had to take time off work, how many days off in the past year? \_\_\_\_\_

2) How much does it interfere with your life outside of work?

No interference

Some interference

Had to stop enjoying activities due to pain

If you had to stop activities, how many days in the past year did you stop it? \_\_\_\_\_

3) How much does it interfere with your sleep?

No interference

Some interference

It affects me every night

### Hand pain

26. While working is the pain or discomfort:  
 Less Same Worse
27. After your shift, is the pain or discomfort:  
 Less Same Worse
28. After a week away from work, is the pain or discomfort:  
 Less Same Worse
29. Has the pain or discomfort caused you to take time off work in the past year?  
 Yes No  
 If yes, how many days off in all? \_\_\_\_\_ days

30. To what degree has your pain or discomfort interfered with your work, your life outside of work, and your sleep in the past year?

1) How much does it interfere with your work?

No interference

Some interference

Had to take time off work due to pain

If you had to take time off work, how many days off in the past year? \_\_\_\_\_

2) How much does it interfere with your life outside of work?

No interference

Some interference

Had to stop enjoying activities due to pain

If you had to stop activities, how many days in the past year did you stop it? \_\_\_\_\_

3) How much does it interfere with your sleep?

No interference

Some interference

It affects me every night

### Upper back pain

31. While working is the pain or discomfort:

Less

Same

Worse

32. After your shift, is the pain or discomfort:

Less

Same

Worse

33. After a week away from work, is the pain or discomfort:

Less

Same

Worse

34. Has the pain or discomfort caused you to take time off work in the past year?

Yes

No

If yes, how many days off in all? \_\_\_\_\_ days

35. To what degree has your pain or discomfort interfered with your work, your life outside of work, and your sleep in the past year?

1) How much does it interfere with your work?

No interference

Some interference

Had to take time off work due to pain

If you had to take time off work, how many days off in the past year? \_\_\_\_\_

2) How much does it interfere with your life outside of work?

No interference

Some interference

Had to stop enjoying activities due to pain

If you had to stop activities, how many days in the past year did you stop it? \_\_\_\_\_

3) How much does it interfere with your sleep?

No interference

Some interference

It affects me every night

### Lower back pain

36. While working, is the pain or discomfort:

Less

Same

Worse

37. After your shift, is the pain or discomfort:

Less

Same

Worse

38. After a week away from work, is the pain or discomfort:

Less

Same

Worse

39. Has the pain or discomfort caused you to take time off work in the past year?

Yes No

If yes, how many days off in all? \_\_\_\_\_ days

40. To what degree has your pain or discomfort interfered with your work, your life outside of work, and your sleep in the past year?

1) How much does it interfere with your work?

No interference

Some interference

Had to take time off work due to pain

If you had to take time off work, how many days off in the past year? \_\_\_\_\_

2) How much does it interfere with your life outside of work?

No interference

Some interference

Had to stop enjoying activities due to pain

If you had to stop activities, how many days in the past year did you stop it? \_\_\_\_\_

3) How much does it interfere with your sleep?

No interference

Some interference

It affects me every night

### Foot pain

41. While working is the pain or discomfort:

Less Same Worse

42. After your shift, is the pain or discomfort:

Less Same Worse

43. After a week away from work, is the pain or discomfort:

Less Same Worse

44. Has the pain or discomfort caused you to take time off work in the past year?

Yes No

If yes, how many days off in all? \_\_\_\_\_ days

45. To what degree has your pain or discomfort interfered with your work, your life outside of work, and your sleep in the past year?

1) How much does it interfere with your work?

No interference

Some interference

Had to take time off work due to pain

If you had to take time off work, how many days off in the past year? \_\_\_\_\_

2) How much does it interfere with your life outside of work?

No interference

Some interference

Had to stop enjoying activities due to pain

If you had to stop activities, how many days in the past year did you stop it? \_\_\_\_\_

3) How much does it interfere with your sleep?

No interference  
Some interference  
It affects me every night

**Other health problems**

46. Do you experience any other health problems related to your work?

Yes            No

If yes, please describe:

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