## **Tool: Employee MSD Symptoms Survey**



[ ] 5 years to 10 years

EMPLOYEE	MSD SYMPTOMS SURVEY	
Please answer all questions truthfully	and to the best of your ability.	
<pre>2. Job Title:</pre> 3. Department:	me:	icl
day spent on these activities.  Task Time		
	<del></del> 	
	<del>-</del>	
Height: feet and inches, or		
<pre>Personal Information  7. Birth date: (year) 8. Gender: [ ] female [ ] male 9. Which hand is your dominant hand?     either 10. How long have you worked in your</pre>	<pre>(please check one): [ ] left [ ] right [ current position?</pre>	
<pre>[ ] Less than 3 month [ ] 3 months to 1 year [ ] 1 year to 5 years</pre>		

[ ] Greater than 10 years				
12. How often are you mentally exhausted after work?				
[ ] Never [ ] Occasionally [ ] Often [ ] Always				
13. How often are you physically exhausted after work?				
[ ] Never [ ] Occasionally [ ] Often [ ] Always				
14. Have you ever had any pain or discomfort during the last year that you believe is related to your work?				
☐ Yes ☐ No (If NO, stop here)				
15. If YES, for each body part described in the boxes on the reverse side of this page, please indicate:				
[ ] How often you have discomfort in each body part				
[ ] The severity of discomfort				
[ ] Whether the pain interferes with your ability to do your job				
[ ] On which side of the body the discomfort is felt				
For each area with 'Pain' or 'Severe Pain', or in which 'Discomfort' is felt				

For each area with 'Pain' or 'Severe Pain', or in which 'Discomfort' is felt 'Always', please indicate what you think may have caused the problem, and check either 'yes' or 'no', to indicate whether you have suffered a previous injury to this body part.

BODY PART	PREVIOUS INJURY	POSSIBLE CAUSE OF PROBLEM	
	[ ] Yes [ ] No		
	[ ] Yes [ ] No		
	[ ] Yes [ ] No		
	[ ] Yes [ ] No		

## PHYSICAL DISCOMFORT SURVEY

Please note: "pain" may include aches, stiffness, numbness, tingling or burning sensations

## PHYSICAL DISCOMFORT SURVEY

Please note: 'pain' may include aches, stiffness, numbness, tingling or burning sensations

NECK			SHOULDERS	☐ right ☐ left
How oft	en? How Much?		How often?	How Much?
☐ Neve	r 🔲 No Discomfort		□ Never	☐ No Discomfort
☐ Occa	sionally Discomfort		☐ Occasionally	☐ Discomfort
□Often			□ Often	☐ Pain
☐ Alway	ys Severe Pain		Always	☐ Severe Pain
		( ) /	a ranays	a coreio i am
		1 1 /		
ELBOWS	□right □ left	) 9 /	UPPER BACK	
How often?	How Much?	( P/	How often?	How Much?
□ Never	□ No Discomfort	N 1	□ Never	■ No Discomfort
☐ Occasionally	□ Discomfort	<b>ア</b> \ /	□ Occasionally	Discomfort
□Often	☐ Pain	$\sim$	□Often	☐ Pain
☐ Always	☐ Severe Pain		□ Always	□ Severe Pain
	\	1 1		
500510110		1. 7.		
FOREARMS	□right □left \			
How often?	How Much?	1	LOWER BACK	☐ right ☐ left
☐ Never	□ No Discomfort	·	How often?	How Much?
Occasionally	Discomfort	(1, 1)	☐ Never	■ No Discomfort
□Often	□ Pain / 1	11.1	<ul> <li>Occasionally</li> </ul>	Discomfort
☐ Always	☐ Severe Pain	11 15	☐ Often	☐ Pain
	1/1		□ Always	□ Severe Pain
	1.71	1114		
	771	T A L		
	4//		r	
		1 1 1/2/2	HIPS	☐ right ☐ left
WRISTS/ HAND	OS ☐ right ☐ left	1 / (69)	How often?	How Much?
How often?	How Much?	/ N / "	□ Never	No Discomfort
□ Never	☐ No Discomfort	/ I\ I	☐ Occasionally	☐ Discomfort
☐ Occasionally	☐ Discomfort	\   \	Often	☐ Pain
□Often	□ Pain	111	Always	☐ Severe Pain
☐ Always	☐ Severe Pain	1,4   H	□ Always	□ Severe Fairi
		1,411,51		
		1111		
	/	[-1]-1		
THIGHS	☐ right ☐ left /	1. 11 /	KNEES	☐ right ☐ left
How often?	How Much?	$X \cup I$	How often?	How Much?
☐ Never	☐ No Discomfort	$\wedge$ $\wedge$ $\wedge$ $\wedge$	□ Never	■ No Discomfort
☐ Occasionally	☐ Discomfort	\ 1 \ 1	□ Occasionally	□ Discomfort
☐ Often	□ Pain	1-7 /-1	☐ Often	☐ Pain
☐ Always	☐ Severe Pain	(1) (1)	□ Always	□ Severe Pain
		N. (N.)	20 E	· ·
		$\mathcal{O}(\mathcal{O})$		
LOV	VER LEGS I right I left	ANKLES / FEET	☐ right ☐ left	
How	often? How Much?	How often?	How Much?	
	lever		☐ No Discomfort	
	ccasionally Discomfort		☐ Discomfort	
00			□ Pain	
	Iways Severe Pain		☐ Severe Pain	CafaMa-Hab
		A-3		SafeManitoba