

## Work-related Symptom Survey

Department \_\_\_\_\_ Manager/Supervisor \_\_\_\_\_

Shift hours and days \_\_\_\_\_ Total hours per week \_\_\_\_\_

Job duties/responsibilities:

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Time on this job \_\_\_\_\_ Other jobs in last year? \_\_\_\_\_

If yes where \_\_\_\_\_ Job title \_\_\_\_\_

1. Number of years working in your current profession.

1   2   3   4   5   6   7   8   9   10 or more

2. Do you have any injury symptoms related to your present job?

0   1   2   3   4   5   6   7   8   9   10

**None**

**Some**

**A lot**

3. If yes, how often?

Seldom

2-3 times per week

4 or more days per week

4. If yes, number of years working in pain.

1   2   3   4   5   6   7   8   9   10 or more

5. On a scale of zero to ten, zero being no pain, and ten being the worse pain imaginable, how would you rate your pain? \_\_\_\_\_

6. Body parts affected.

Neck

Upper back

Mid back

Lower back

Right shoulder

Left shoulder

Wrist(s)

Hand(s)

Other \_\_\_\_\_

7. Have you taken time off from work because of your symptoms? Yes  No

8. If yes, did you use:

Sick time Vacation time Time without pay Worker's Comp

9. Have you received medical treatments for your symptoms? Yes  No

10. If yes, did you use:

Personal medical benefits Worker's Comp medical benefits Pay out of pocket

11. Have you had any work safety training in the past for the job you are currently performing?

0 1 2 3 4 5 6 7 8 9 10  
**None** **Some** **A lot**

12. How EFFECTIVE was any prior training in helping you know how to change how you do your job in order to avoid injury?

0 1 2 3 4 5 6 7 8 9 10  
**Very Poor** **Average** **Very Good**

13. What is your level of knowledge of postural alignment as it relates to work safety?

0 1 2 3 4 5 6 7 8 9 10  
**Very Poor** **Average** **Very Good**

14. What specific task related to your job aggravates your symptoms the most? \_\_\_\_\_

\_\_\_\_\_

15. Please comment on what you think would improve your symptoms

\_\_\_\_\_

\_\_\_\_\_

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