

Discomfort Survey

Based on your average workday, please complete the ***Discomfort Survey***. Fill in all the boxes below. Please respond honestly and thoughtfully. **Your responses are anonymous. THANK YOU!**

Survey:			
Date:	/	/	Handedness: R or L
Line/Job:			
Operation:			

1. Describe symptoms (if any) by writing the letters (N, T, A, B) on the body diagram on the area of the body involved. (**SEE KEY BELOW FOR DEFINITIONS**)

N=Numbness T=Tingling A=Aching B=Burning

2. Circle the Body Part. Rate discomfort for each region (A-J) by writing the number (0 to 10) in the box.

0=NONE: No discomfort at all.

5=MODERATE: Moderate discomfort, some difficulty in performing general activities.

10=MAX: Maximum discomfort (unable to function, admitted to the hospital.)

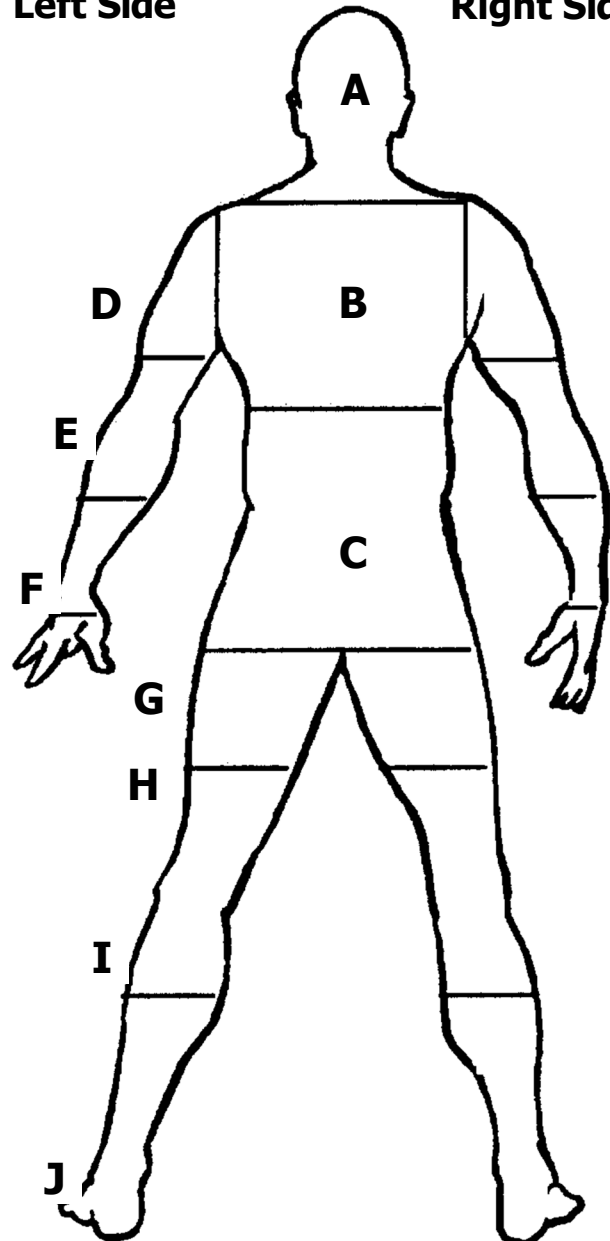
BODY PART	NONE	MAX
A Head/Neck/Eyes	0.... <input style="width: 40px;" type="text"/>	... 10
B Upper/Mid Back	0.... <input style="width: 40px;" type="text"/>	... 10
C Low Back/Pelvis	0.... <input style="width: 40px;" type="text"/>	... 10
D Shoulder/Upper Arm	0.... <input style="width: 40px;" type="text"/>	... 10
E Elbow/Mid Arm	0.... <input style="width: 40px;" type="text"/>	... 10
F Forearm/Wrist	0.... <input style="width: 40px;" type="text"/>	... 10
G Hand	0.... <input style="width: 40px;" type="text"/>	... 10
H Upper Leg/Hip	0.... <input style="width: 40px;" type="text"/>	... 10
I Mid Leg/Knee	0.... <input style="width: 40px;" type="text"/>	... 10
J Lower Leg/Foot	0.... <input style="width: 40px;" type="text"/>	... 10

3. Please respond to questions below:

	MIN	MAX
How hard is your work (physical/mental demands?)	0.... <input style="width: 40px;" type="text"/>	... 10
How much energy do you have left after work?	0.... <input style="width: 40px;" type="text"/>	... 10
Rate the level of your job satisfaction.	0.... <input style="width: 40px;" type="text"/>	... 10

Left Side

Right Side



OVER FOR ADDITIONAL COMMENTS

Please list ways to make your work more comfortable, safe and productive.

1.

2.

3.

4.

5.
