

## 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_