Tool: Employee MSD Symptoms Survey

EMPLOYEE MSD SYMPTOMS SURVEY

Please answer all questions truthfully and to ability.	the best	of you
1. Date: / /	_ 2.	Name:
2. Job Title:		
3. Department:		5.
4. Describe the type of work you perform in amount of time each day spent on these activ	_	and the
Task Time		
Height: feet and inches, or cm		

Personal Information

	 Birth date: (year) Gender: [] female [] male Which hand is your dominant hand? (please check one): [] left [] right [] either How long have you worked in your current position?
[[<pre>] Less than 3 month] 3 months to 1 year] 1 year to 5 years] 5 years to 10 years] Greater than 10 years</pre>
	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 , <i>stop here</i>)
	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 '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

