

Medical History Checklist Symptoms Survey for Work-Related Musculoskeletal Disorders (WMSDs)



What is a symptoms survey for work-related musculoskeletal disorders (WMSDs)?

One element of an effective ergonomics program for the prevention of WMSDs is to ask workers questions about their health. A symptoms survey helps to find out when workers are experiencing any discomfort, pain or disability that may be related to workplace activities.

Sample Health Survey

1.	What is your current job title?	_____
2.	What are your main work tasks?	
3.	How long have you been performing these tasks?	
4.	What is your main body/work position?	
5.	What are the tools you work with most often?	
6.	Do you often have to reach away from your body?	
7.	Do you often handle objects or tools above shoulder height or near the floor?	

8. Do you do repetitive movements?

9. Among the tasks that you do, which ones do you find the most difficult?

10. Have there been any changes at work recently (job, tasks, tools)?

11. In this diagram the body parts are shown approximately. Please indicate where your pain or discomfort is located, if any. Shade in any area(s) where you have had pain or discomfort that lasted 2 days or more in the last year which was caused by your job. If you did not shade in any area, go to question #46.

Type of pain

5. In the last year, have you had pain or discomfort caused by your job that lasted 2 days or more?

a) Neck

Yes

No

b) Shoulder

Yes

No

c) Elbow

Yes

No

d) Wrist/forearm

Yes

No

e) Hand

Yes

No

f) Upper back

Yes

No

g) Lower back

Yes

No

h) Foot

Yes

No

If you answered "no" to all of these questions, go to question #46.
If you answered "yes" to any of the points in a-h above, please
answer the following questions for that particular part(s) of the
body.

Neck pain

6. While working is the pain or discomfort:

Less

Same

Worse

7. After your shift, is the pain or discomfort:

Less

Same

Worse

8. After a week away from work, is the pain or discomfort:

Less

Same

Worse

9. Has the pain or discomfort caused you to take time off work in the past year?

Yes

No

If yes, how many days off in all? _____ days

10. To what degree has your pain or discomfort interfered with your work, your life outside of work, and your sleep in the past year?

1) How much does it interfere with your work?

No interference

Some interference

Had to take time off work due to pain

If you had to take time off work, how many days off in the past year? _____

2) How much does it interfere with your life outside of work?

No interference

Some interference

Had to stop enjoying activities due to pain

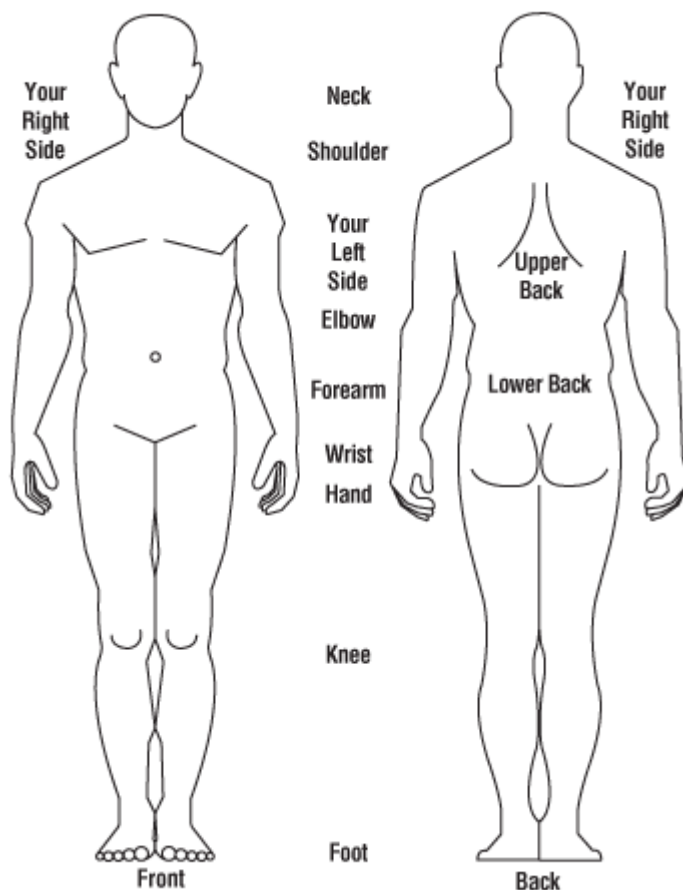
If you had to stop activities, how many days in the past year did you stop it? _____

3) How much does it interfere with your sleep?

No interference

Some interference

It affects me every night



Shoulder pain

11. While working is the pain or discomfort:

Less

Same

Worse

12. After your shift, is the pain or discomfort:

Less

Same

Worse

13. After a week away from work, is the pain or discomfort:

Less

Same

Worse

14. Has the pain or discomfort caused you to take time off work in the past year?

Yes

No

If yes, how many days off in all? _____ days

15.

To what degree has your pain or discomfort interfered with your work, your life outside of work, and your sleep in the past year?

1) How much does it interfere with your work?

No interference

Some interference

Had to take time off work due to pain

If you had to take time off work, how many days off in the past year? _____

2) How much does it interfere with your life outside of work?

No interference

Some interference

Had to stop enjoying activities due to pain

If you had to stop activities, how many days in the past year did you stop it? _____

3) How much does it interfere with your sleep?

No interference

Some interference

It affects me every night

Elbow pain

16. While working is the pain or discomfort:

Less

Same

Worse

17. After your shift, is the pain or discomfort:

Less

Same

Worse

18. After a week away from work, is the pain or discomfort:

Less

Same

Worse

19. Has the pain or discomfort caused you to take time off work in the past year?

Yes

No

If yes, how many days off in all? _____ days

20. To what degree has your pain or discomfort interfered with your work, your life outside of work, and your sleep in the past year?

1) How much does it interfere with your work?

No interference

Some interference

Had to take time off work due to pain

If you had to take time off work, how many days off in the past year? _____

2) How much does it interfere with your life outside of work?

No interference

Some interference

Had to stop enjoying activities due to pain

If you had to stop activities, how many days in the past year did you stop it? _____

3) How much does it interfere with your sleep?

No interference

Some interference

It affects me every night

Wrist/forearm pain

21. While working is the pain or discomfort:

Less

Same

Worse

22. After your shift, is the pain or discomfort:

Less

Same

Worse

23. After a week away from work, is the pain or discomfort:

Less

Same

Worse

24. Has the pain or discomfort caused you to take time off work in the past year?

Yes

No

If yes, how many days off in all? _____ days

25. To what degree has your pain or discomfort interfered with your work, your life outside of work, and your sleep in the past year?

1) How much does it interfere with your work?

No interference

Some interference

Had to take time off work due to pain

If you had to take time off work, how many days off in the past year? _____

2) How much does it interfere with your life outside of work?

No interference

Some interference

Had to stop enjoying activities due to pain

If you had to stop activities, how many days in the past year did you stop it? _____

3) How much does it interfere with your sleep?

No interference

Some interference

It affects me every night

Hand pain

26. While working is the pain or discomfort:

Less

Same

Worse

27. After your shift, is the pain or discomfort:

Less

Same

Worse

28. After a week away from work, is the pain or discomfort:

Less

Same

Worse

29. Has the pain or discomfort caused you to take time off work in the past year?

Yes

No

If yes, how many days off in all? _____ days

30. To what degree has your pain or discomfort interfered with your work, your life outside of work, and your sleep in the past year?

1) How much does it interfere with your work?

No interference

Some interference

Had to take time off work due to pain

If you had to take time off work, how many days off in the past year? _____

2) How much does it interfere with your life outside of work?

No interference

Some interference

Had to stop enjoying activities due to pain

If you had to stop activities, how many days in the past year did you stop it? _____

3) How much does it interfere with your sleep?

No interference

Some interference

It affects me every night

Upper back pain

31. While working is the pain or discomfort:

Less

Same

Worse

32. After your shift, is the pain or discomfort:

Less

Same

Worse

33. After a week away from work, is the pain or discomfort:

Less

Same

Worse

34. Has the pain or discomfort caused you to take time off work in the past year?

Yes

No

If yes, how many days off in all? _____ days

35. To what degree has your pain or discomfort interfered with your work, your life outside of work, and your sleep in the past year?

1) How much does it interfere with your work?

No interference

Some interference

Had to take time off work due to pain

If you had to take time off work, how many days off in the past year? _____

2) How much does it interfere with your life outside of work?

No interference

Some interference

Had to stop enjoying activities due to pain

If you had to stop activities, how many days in the past year did you stop it? _____

3) How much does it interfere with your sleep?

No interference

Some interference

It affects me every night

Lower back pain

36. While working, is the pain or discomfort:

Less

Same

Worse

37. After your shift, is the pain or discomfort:

Less

Same

Worse

38. After a week away from work, is the pain or discomfort:

Less

Same

Worse

39. Has the pain or discomfort caused you to take time off work in the past year?

Yes

No

If yes, how many days off in all? _____ days

40. To what degree has your pain or discomfort interfered with your work, your life outside of work, and your sleep in the past year?

1) How much does it interfere with your work?

No interference

Some interference

Had to take time off work due to pain

If you had to take time off work, how many days off in the past year? _____

2) How much does it interfere with your life outside of work?

No interference

Some interference

Had to stop enjoying activities due to pain

If you had to stop activities, how many days in the past year did you stop it? _____

3) How much does it interfere with your sleep?

No interference

Some interference

It affects me every night

Foot pain

41. While working is the pain or discomfort:

Less

Same

Worse

42. After your shift, is the pain or discomfort:

Less

Same

Worse

43. After a week away from work, is the pain or discomfort:

Less

Same

Worse

44.

Has the pain or discomfort caused you to take time off work in the past year?

Yes

No

If yes, how many days off in all? _____ days

45.

To what degree has your pain or discomfort interfered with your work, your life outside of work, and your sleep in the past year?

1) How much does it interfere with your work?

No interference

Some interference

Had to take time off work due to pain

If you had to take time off work, how many days off in the past year? _____

2) How much does it interfere with your life outside of work?

No interference

Some interference

Had to stop enjoying activities due to pain

If you had to stop activities, how many days in the past year did you stop it? _____

3) How much does it interfere with your sleep?

No interference

Some interference

It affects me every night

Other health problems

46. Do you experience any other health problems related to your work?

Yes

No

If yes, please describe:

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