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

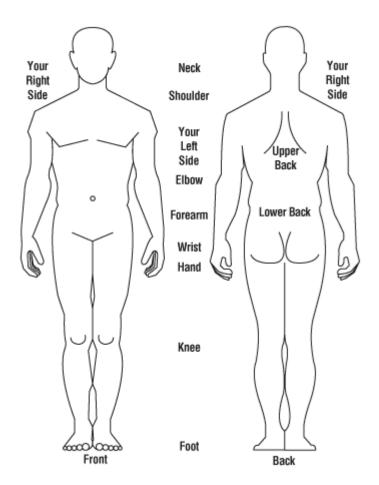
1.	What is your current job title?
2.	What are your main work tasks?
3.	How long have you been performing these tasks?
4.	What is your main body/work position?
5.	What are the tools you work with most often?
6.	Do you often have to reach away from your body?
7.	Do you often handle objects or tools above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

8.	Do you do repetitive movements	?	
9.	Among the tasks that you do, w difficult?	hich ones do you find	the most
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.		
Туре	of pain		
5.	In the last year, have you had that lasted 2 days or more?	pain or discomfort ca	used by your job
	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 p	ain		
6.	While working is the	pain or discomfort:	
	Less	Same	Worse
7.	After your shift, is	the pain or discomf	ort:
	Less	Same	Worse
8.	After a week away fr	om work, is the pain	or discomfort:
	Less	Same	Worse
9.	Has the pain or disc past year?	omfort caused you to	take time off work in the
	Yes	No	
	If yes, how many day	s off in all?	days
10.			rt interfered with your r 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:

11.		is the pain of discomfort	-
	Less	Same	Worse
12.	After your shi	ft, is the pain or discon	nfort:
	Less	Same	Worse
13.	After a week a	way from work, is the pai	in or discomfort:
	Less	Same	Worse

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 inte	rference	
	Some in	terference	
	It affe	cts me every night	
Elbow	pain		
16.	While working	g is the pain or discomfort:	
	Less	Same	Worse
17.	After your s	hift, is the pain or discomf	ort:
	Less	Same	Worse
18.	After a week	away from work, is the pair	or discomfort:
	Less	Same	Worse
19.	Has the pain past year?	or discomfort caused you to	take time off work in the
	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 if 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 inter	ference	
	Some inte	erference	
	It affect	ts me every night	
Wrist,	/forearm pain		
21.	While working	is the pain or discomfort:	
	Less	Same	Worse
22.	After your shi	ift, is the pain or discomf	ort:
	Less	Same	Worse
23.	After a week a	away from work, is the pain	or discomfort:
	Less	Same	Worse
24.	Has the pain o	or discomfort caused you to	take time off work in the
	Yes	No	
	If yes, how ma	any days off in all?	days
25.		e has your pain or discomfo fe outside of work, and you	

1) How much does if 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 shi	ft, is the pain or discomf	ort:
	Less	Same	Worse
28.	After a week a	way from work, is the pain	or discomfort:
	Less	Same	Worse
29.	Has the pain o past year?	r discomfort caused you to	take time off work in the
	Yes	No	
	If yes, how ma	ny days off in all?	days
30.		has your pain or discomfo e outside of work, and you	
	1) How much do	es if interfere with your	work?
	No interf	erence	

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

While working is the pain or discomfort:

31.

	Less	Same	Worse	
32.	After your shif	t, is the pain or discon	nfort:	
	Less	Same	Worse	
33.	After a week awa	ay from work, is the pai	n 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.			ort interfered with your our sleep in the past year?	
	How much does if interfere with your work? No interference			
	Some interference Had to take time off work due to pain			
	If you had to to year?	ake time off work, how m	nany days off in the past	

	2) How much does	it interfere with yo	ur life outside of work?	
	No interference Some interference			
	Had to stop	enjoying activities	due to pain	
	If you had to sto you stop it?	p activities, how ma —	ny days in the past year did	
	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 discomf	ort:	
	Less	Same	Worse	
37.	After your shift,	is the pain or disc	omfort:	

	Less	Same	Worse	
38.	After a week away fro	om work, is the p	ain or discomfort:	
	Less	Same	Worse	
39.	Has the pain or discopast year?	omfort caused you	to take time off work in the	
	Yes	No		
	If yes, how many days	s off in all?	days	
40.			nfort interfered with your your sleep in the past year?	
	1) How much does if	interfere with yo	ur work?	
	No interference			
	Some interference			
	Had to take time off work due to pain			
	If you had to take to year?	ime off work, how	many days off in the past	
	2) How much does it	interfere with yo	ur life outside of work?	

No interference				
	Some in	terference		
	Had to	stop enjoying activitie	s due to pain	
	If you had t you stop it?		many days in the past year did	
	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 s	hift, is the pain or di	scomfort:	
	Less	Same	Worse	
43.	After a week	away from work, is the	pain or discomfort:	

	Less	Same	Worse
44.	Has the pain or discompast year?	fort caused you to take [.]	time off work in the
	Yes	No	
	If yes, how many days	off in all? days	
45.		r pain or discomfort into e of work, and your slee	
	1) How much does if in	terfere with your work?	
	No interference		
	Some interference		
	Had to take time	off work due to pain	
	If you had to take time year?	e off work, how many days	s off in the past
	2) How much does it in	terfere with your life o	utside 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 Do you experience any other health problems related to your work? 46.

Source: © Copyright 1997-2021 CCOHS

No

If yes, please describe:

Yes