

# DISCOMFORT SURVEY

The purpose of this form is to gather information about any work-related body discomfort you may have now – or have had since a past survey. Information that you write on this form will remain confidential to the Human Resources section.

## PERSONAL INFORMATION

- 1 Name: .....
- 2 Job title: .....
- 3 Manager's name and section: .....
- 4 Tel: ..... Fax: .....
- 5 Age: .....
- 6 Length of time on present job: .....

## WORK-RELATED MUSCLE/JOINT DISCOMFORT

- 7 Do you have work-related discomfort now?
  - Yes  go to question 9
  - No
- 8 Have you had work-related discomfort since the previous survey?
  - Yes
  - No  go to question 14
- 9 What is - or was - the main cause of the discomfort?
 

.....

.....

.....

.....

.....
- 10 When did you first notice the discomfort?
 

.....

.....

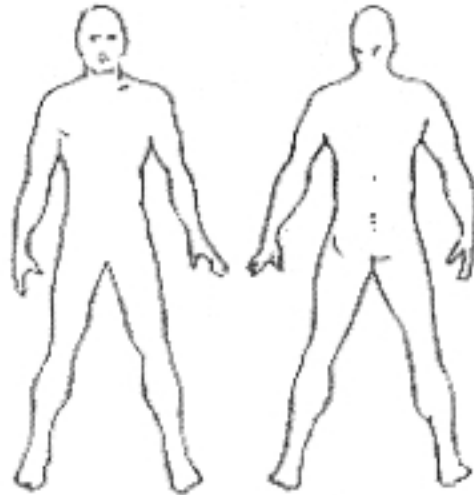
.....

.....

.....

.....

11 Please shade the body diagram to show the site of any discomfort:



Please mark, adjacent to each body location where you have indicated discomfort, the severity and length of the discomfort in a digit-letter code. Use the key below:

Severity	Length	
Severe pain	4	Continuous A
Mild pain	3	Present always at work B
Aching	2	Present for some of work C
Discomfort	1	Occasional D

12 Please shade the hand diagrams to show the site of any discomfort. Again, write a digit-letter code to indicate its severity and length.



- 13 Was the discomfort related to something outside of work?
  - Yes
  - No

If yes, what was it?

.....

.....
- 14 Signed: .....
- 15 Date: .....