Work-related Musculoskeletal Disorders (WMSDs)

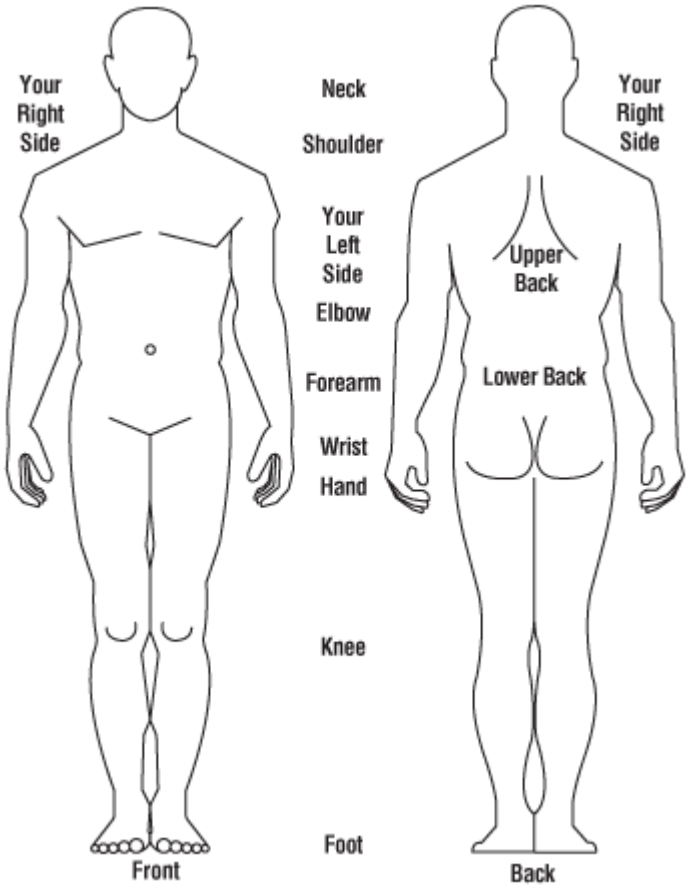
Medical History Checklist: Symptoms Survey for Work-Related Musculoskeletal Disorders (WMSDs)

On this page

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

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

Sample Health Survey	
1 a)	What is your current job title? _____
b)	What are your main work tasks?
c)	How long have you been performing these tasks?
2 a)	What is your main body/work position?
b)	What are the tools you work with most often?
c)	Do you often have to reach away from your body?
d)	Do you often handle objects or tools above shoulder height or near the floor?
3 a)	Do you do repetitive movements?
b)	Among the tasks that you do, which ones do you find the most difficult?
c)	Have there been any changes at work recently (job, tasks, tools)?
4	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?		
	a) 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? _____		
	b) 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? _____		
	c) 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?		
	a) 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? _____		
	b) 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? _____		
	c) 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?		
	a) 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? _____		
	b) 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? _____		
	c) 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?		
	a) 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? _____		
	b) 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? _____		
	c) 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
2	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?		
	a) 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? _____		
	b) 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? _____		
	c) 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?		
	a) 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? _____		
	b) 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? _____		
	c) 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?		
	a) 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? _____		
	b) 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? _____		
	c) 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?		
	a) 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? _____		
	b) 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? _____		
	c) How much does it interfere with your sleep?		
	☐ No interference		
	☐ Some interference		
	☐ It affects me every night		

Other health issues		
46	Do you experience any other health issues related to your work?	
	☐ Yes ☐ No	
	If yes, please describe:	

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