

## Appendix I-C-2

# Symptoms Survey

The following risk assessment should be used to identify hazards for musculoskeletal injuries (MSI).

**Step #1:** Read the MSI hazard definitions below

### Musculoskeletal Injury (MSI) Hazards

Repetitive Motion: Performing the same sequence of actions for an extended period of time with little or no change in the muscles used (i.e. lifting pails of chemicals).

Forceful Exertion: Performing an action that has the potential to overload the body tissues (i.e. carry a heavy item up stairs).

Vibration: The direct transfer of repeating (back and forth) movements of a machine, or tool, to the body. Vibration can be classified as hand-arm (i.e. using a vibrating hand tool for prolonged periods) or whole body vibrations (i.e. vibration transmitted through a vehicle cab to the operators' body).

Mechanical Compression: External pressure on the soft tissues, either at high forces and/or for prolonged periods of time (i.e. leaning on a barrier; resting a hand, wrist, or elbow on the desk while typing; or tools digging into the hand).

Sustained or Awkward Posture/Limitation on Motion or Action: Work elements (tools, workstations, processes, etc.) that force the worker to adopt body positions that increase the stress on the joints or soft tissues of the body (i.e. twisting the upper body, and overreaching).

**Step #2:** Complete the Symptoms Survey as attached.

**Step #3:** If the Survey indicates a need for an assessment, proceed as follows:

- complete Appendix I-C-5 - Office Ergonomic Risk Factor Checklist **OR**
- complete Appendix I-C-7 - Field Assessment Risk Assessment Form (Winter & Summer Job Functions).

## Symptoms Survey

1. Community \_\_\_\_\_
2. Date: \_\_\_\_\_ 3. Name: \_\_\_\_\_  
Month Day Year (Optional)
4. Job Title: \_\_\_\_\_
5. Describe the type of work you perform in this job and the amount of time each day spent on these activities:  
 Task: \_\_\_\_\_ Time: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Which hand is your dominant hand? (please check  left  right  either one):
7. How long have you worked in your **current** position?  
 Less than 3 months  5 years to 10 years  
 3 months to 1 year  Greater than 10 years  
 1 year to 5 years
8. How often are you **mentally** exhausted after work?  
 Never  Often  
 Occasionally  Always
9. How often are you **physically** exhausted after work?  
 Never  Often  
 Occasionally  Always
10. Have you ever had any pain or discomfort during the last year that you believe is related to your work?  
 Yes  No (if **NO**, *stop here*)
11. 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	
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

ID # \_\_\_\_\_

**PHYSICAL DISCOMFORT SURVEY**

Please note: 'pain' may include aches, stiffness, numbness, tingling or burning sensations

**NECK**  
**How often?**  Never  Occasionally  Often  Always  
**How Much?**  No Discomfort  Discomfort  Pain  Severe Pain

**SHOULDERS**  right  left  
**How often?**  Never  Occasionally  Often  Always  
**How Much?**  No Discomfort  Discomfort  Pain  Severe Pain

**ELBOWS**  right  left  
**How often?**  Never  Occasionally  Often  Always  
**How Much?**  No Discomfort  Discomfort  Pain  Severe Pain

**UPPER BACK**  
**How often?**  Never  Occasionally  Often  Always  
**How Much?**  No Discomfort  Discomfort  Pain  Severe Pain

**FOREARMS**  right  left  
**How often?**  Never  Occasionally  Often  Always  
**How Much?**  No Discomfort  Discomfort  Pain  Severe Pain

**LOWER BACK**  right  left  
**How often?**  Never  Occasionally  Often  Always  
**How Much?**  No Discomfort  Discomfort  Pain  Severe Pain

**WRISTS/HANDS**  right  left  
**How often?**  Never  Occasionally  Often  Always  
**How Much?**  No Discomfort  Discomfort  Pain  Severe Pain

**HIPS**  right  left  
**How often?**  Never  Occasionally  Often  Always  
**How Much?**  No Discomfort  Discomfort  Pain  Severe Pain

**THIGHS**  right  left  
**How often?**  Never  Occasionally  Often  Always  
**How Much?**  No Discomfort  Discomfort  Pain  Severe Pain

**KNEES**  right  left  
**How often?**  Never  Occasionally  Often  Always  
**How Much?**  No Discomfort  Discomfort  Pain  Severe Pain

**LOWER LEGS**  right  left  
**How often?**  Never  Occasionally  Often  Always  
**How Much?**  No Discomfort  Discomfort  Pain  Severe Pain

**ANKLES / FEET**  right  left  
**How often?**  Never  Occasionally  Often  Always  
**How Much?**  No Discomfort  Discomfort  Pain  Severe Pain

## Guide for Filling in the Symptoms Survey.

Question 2, 'Date', refers to the date that the symptoms survey was completed. The survey should be conducted annually or following any modifications made to the job, equipment or job process. This will help to detect any major changes in the frequency and/or location of reported symptoms, as well as provide insight into whether modifications were successful in reducing work-related hazards.

Questions 4 and 5 of the survey are used for job and department identification within the company, and provide space for a description of duties associated with the job title. The description of job tasks may also assist you to determine specific work practices that are resulting in pain or discomfort.

Personal information regarding worker characteristics is included in questions 6 and 7. Results from these questions may reveal trends in hand dominance or work experience that may be related to the development of symptoms because of their interaction with work factors. Questions 8 and 9 provide an indication as to whether workers feel the jobs they are performing are mentally or physically exhausting.

Question 10 asks the worker whether he or she has ever experienced any work-related pain or discomfort in the previous year. If the answer is 'No' the symptom survey is complete. If the answer is 'Yes' the worker then goes on to complete question 11, which includes the second page of the survey (the 'Physical Discomfort Survey'). Workers should first complete the 'Physical Discomfort Survey', ensuring that (for each body part) they indicate the side of the body on which the pain/discomfort is felt, how often it is felt, and how much pain or discomfort they are experiencing.

Once all body parts have been completed in Physical Discomfort Survey, the table at the bottom of page 3 should be filled in for all areas with 'pain' or 'severe pain', or in which 'discomfort' is felt 'always'. This table is important, as workers are providing their thoughts as to the cause of the problem as well as whether they have had a previous injury in this area. If there has been previous injury to a specific body part this may be an indication that the job did not lead to the pain or discomfort felt by the worker. However, the job may be causing the injury to get worse and should still be examined.