Work-related Musculoskeletal Disorders (WMSDs)

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

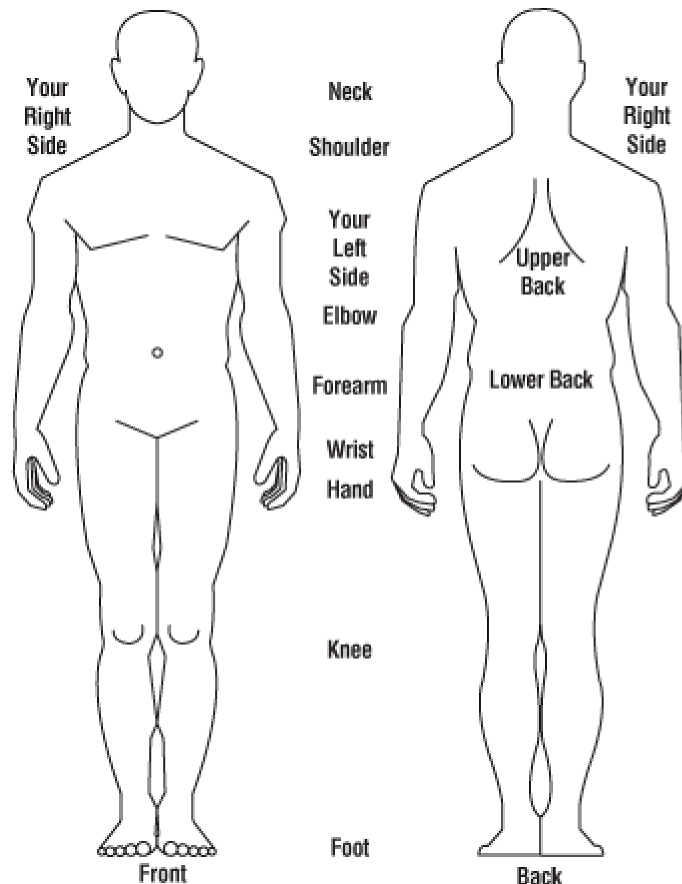
On this page

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

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 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		

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 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 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 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		

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 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		

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 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		

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 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		

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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