

Sample questionnaire for cumulative trauma disorders

	No	Yes
(1) Within the past month, have you had repeated feelings of numbness, tingling, or "pins and needles" sensations in one or both hands?	[ ]	[ ]
(2) Within the past month, have you had repeated feelings of soreness or pain in either forearm or elbow?	[ ]	[ ]
(3) Within the past month, have you had repeated feelings of pain discomfort, burning, or tingling in your shoulders?		
	Left	[ ] [ ]
	Right	[ ] [ ]
(4) Have any of the above symptoms (numbness, tingling, soreness, or pain) caused you to be awakened while sleeping?	[ ]	[ ]
(5) What time does your discomfort regularly occur?		
	Mornings	[ ] [ ]
	Afternoons	[ ] [ ]
	Evenings	[ ] [ ]
	Night	[ ] [ ]
(6) Does discomfort in your wrist, arm, or shoulder interfere with your daily activities (eating, writing, sports, etc.)?	[ ]	[ ]
(7) Have you ever received medical treatment for this pain and/or discomfort?	[ ]	[ ]
(8) Have you ever received medical help (either company or private doctor) for any of the following:		
	Carpal tunnel syndrome?	[ ] [ ]
	Ganglionic cysts?	[ ] [ ]
	Tendinitis?	[ ] [ ]
(9) If yes to (8), have you ever had surgery for any of these conditions?	[ ]	[ ]
(10) Does your present job require arm, hand, or finger actions to be repeated many times each hour and work shift?	[ ]	[ ]

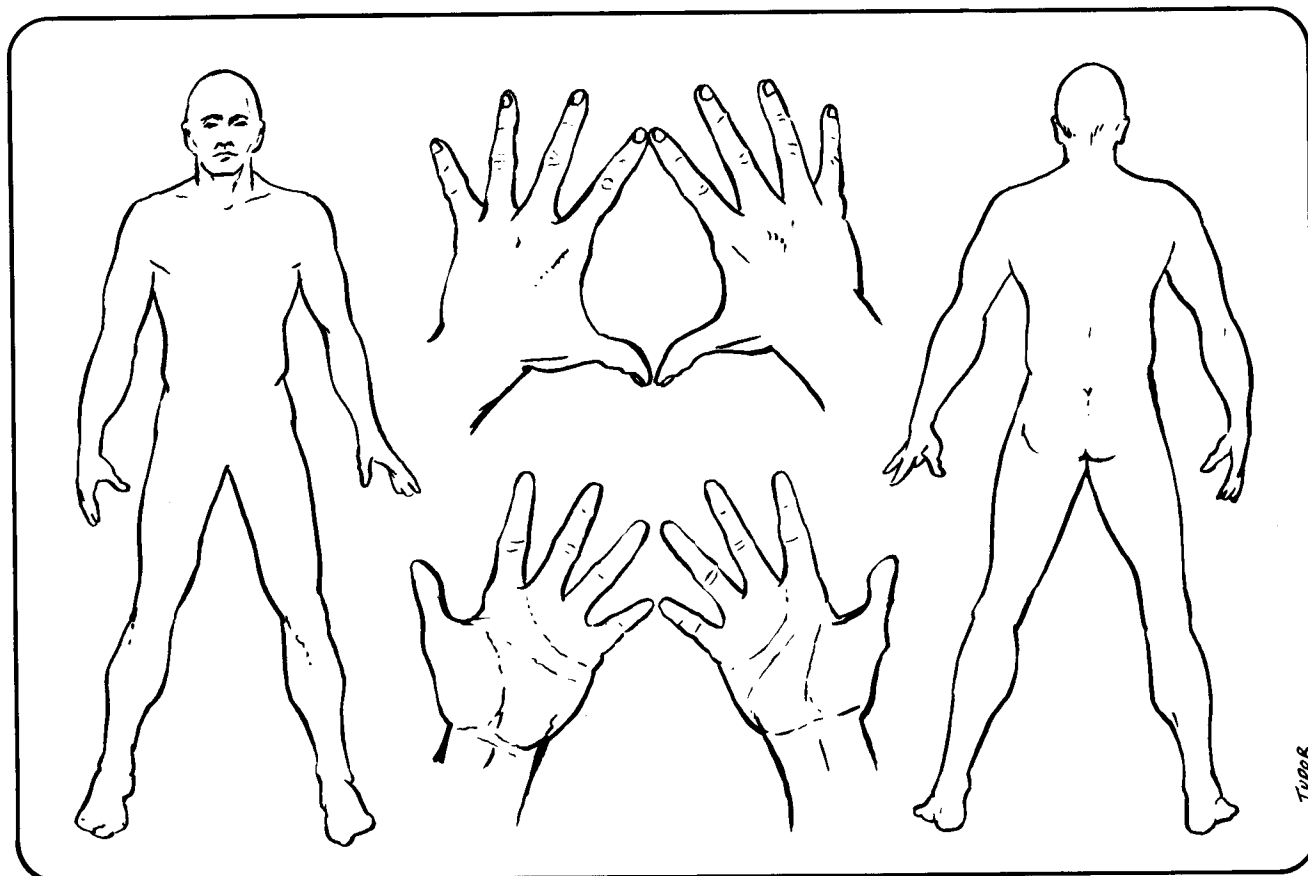


Figure 11. Example of a "Body-parts map" for workers' to indicate where pain is experienced.