

Appendix 1 - Discomfort Survey

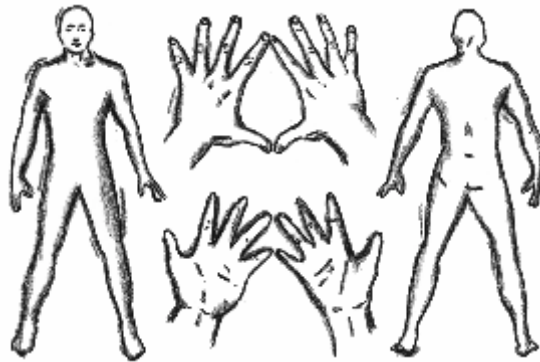
Name (optional) _____ Date _____

Job _____ Work Location _____

Time on this job Less than 3 mths [] 3 mths to 1 yr [] 1 to 5 yrs [] > 5 yrs []

Supervisor _____

1. Do you suffer from swelling, numbness, tingling, 'pins and needles', stiffness, aches and pains in any part of the body? Indicate on the diagrams where the problem occurs.



2. Rate the level of discomfort/pain on the 1 to 5 scale

1 _____ 2 _____ 3 _____ 4 _____ 5
Just noticeable Moderate Unbearable

3. What do you think caused the problem? _____

