

# Office Ergo Profile Employee Survey

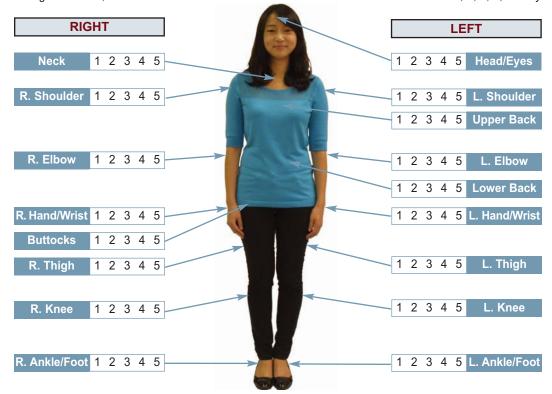
WHAT YOU DO								
Department Job Supervisor Shift 1 2 3 Other:	Date Gender M F Age (years) How long have you worked for this company?							
HOW YOU FEEL								

Do you experience musculoskeletal discomfort that you feel is related to your work tasks?

YES (If yes, please complete the discomfort chart below) NO

NO (If no, skip to "tell us about your job" section)

For any body part having discomfort, circle the number that ranks the discomfort level. 1=some discomfort, 2, 3, 4, 5=very uncomfortable



# FOR THE AREA OF MOST DISCOMFORT, ANSWER THE FOLLOWING (CIRCLE #):

Which body part has the highest discomfort and is of most concern to you?

A. How long has it been since you started to experience the discomfort?

- B. How often do you experience the discomfort?
- C. How did the discomfort start?

started to experience the discomfort'

1- days

1– always, constantly

1– gradually, over time

2- weeks

2– occasionally

2– suddenly

3- months

3– at rest

4- years

4- when active

3- injury/accident

### Circle the specific part of your job that is of concern to you.

Workplace	no concern	chair	desk	office layout	adjustability	heights	reaches	flooring
Work/Job	no concern	tasks	breaks	pace	deadlines	variety		
Office Tools	no concern	size	shape	function correctly	ease of use	location	compatibility	
<b>Materials Handling</b>	no concern	lifting	weight	push/pull	carrying	frequency		
Environment	no concern	temperature	ventilation	lighting	noise	vibration		

**TELL US ABOUT YOUR JOB** 

## YOUR THOUGHTS

What do you think would make your job easier? \_

If you have specific concerns about your job, write them here.