



ErgoProfile 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** (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

RIGHT		LEFT	
Neck	1 2 3 4 5	1 2 3 4 5	Head/Eyes
R. Shoulder	1 2 3 4 5	1 2 3 4 5	L. Shoulder
		1 2 3 4 5	Upper Back
R. Elbow	1 2 3 4 5	1 2 3 4 5	L. Elbow
		1 2 3 4 5	Lower Back
R. Hand/Wrist	1 2 3 4 5	1 2 3 4 5	L. Hand/Wrist
Buttocks	1 2 3 4 5		
R. Thigh	1 2 3 4 5	1 2 3 4 5	L. Thigh
R. Knee	1 2 3 4 5	1 2 3 4 5	L. Knee
R. Ankle/Foot	1 2 3 4 5	1 2 3 4 5	L. Ankle/Foot

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?

- 1- days
- 2- weeks
- 3- months
- 4- years

B. How often do you experience the discomfort?

- 1- always, constantly
- 2- occasionally
- 3- at rest
- 4- when active

C. How did the discomfort start?

- 1- gradually, over time
- 2- suddenly
- 3- injury/accident

TELL US ABOUT YOUR JOB

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

Workplace	no concern	seat	reaches	work surface	heights	flooring	supplies	adjustability
Work/Job	no concern	methods	tasks	pace	breaks	rotation		
Tools/Machine	no concern	weight	vibration	controls	ease of use	location	size	
Materials Handling	no concern	lifting	weight	push/pull	carrying	frequency	lift assist	
Environment	no concern	temperature	ventilation	lighting	noise	vibration		

YOUR THOUGHTS

What do you think would make your job easier? _____

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