

ErgoProfile Employee Survey

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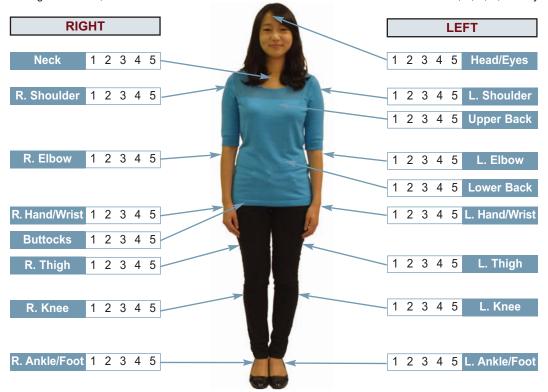
					WHAT YOU DO	
Department Job Supervisor Shift	1	2	3	Other:	Date Gender M F Age (years) How long have you worked for this company?	
					HOW YOU FEEL	

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



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

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

started to experience the discomfort?

1- always, constantly

1– gradually, over time

1– days 2- weeks

2- occasionally

2- suddenly

3- months

3- at rest

3- injury/accident

4- years 4- when active

TELL US ABOUT YOUR JOB

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

Wo	rkplace ork/Job	no concern no concern	seat methods	reaches tasks	work surface pace	breaks	flooring rotation	supplies	adjustability	
Materia	/Machine Is Handling ronment	no concern no concern no concern	weight lifting temperature	vibration weight ventilation	controls push/pull lighting	ease of use carrying noise	location frequency vibration	size lift assist		

YOUR THOUGHTS

What do you think would make your job easier? _

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