

ERGONOMIC SYMPTOMS SURVEY

Return this form to: Risk Management and Safety - Support Services Building or fax 812 461-5275

Instructions: This form shall be completed by persons who may be experiencing musculoskeletal disorders as a result of their work environment. Carefully read this form and provide the following information:

Name: _____ Date: _____
Phone: _____ Building / Room Number: _____
Department: _____ Job Title: _____
Departmental Supervisor: _____ Phone: _____
Hours worked / week: _____ Time with USI: _____ Years _____ Months
Time at current workstation: _____ CTD Symptoms: Yes No

Have you had pain or discomfort during the last year? Yes No (if No, STOP here)

If YES, check the item(s) below and state R = RIGHT and L = LEFT

Check Neck Shoulder Elbow / Forearm Hand / Wrist Fingers
Area: Upper Back Low Back Thigh / Knee Low Leg Ankle / Foot

1) Please put a check by the word(s) that best describe your problem

Aching Numbness (asleep) Tingling
 Burning Pain Weakness
 Cramping Swelling Other _____
 Loss of Color Stiffness

2) When did you first notice the problem? _____ (month) _____ (year)

3) How long does each episode last?

1 hour 1 month
 1 day 6 months
 1 week

4) How many separate episodes have you had in the past year? _____

5) What do you think caused the problem? _____

6) Have you had the problem in the last 7 days? Yes No

7) How would you rate this problem? (Mark an "X" on the line)

NOW

None _____ Unbearable

When it is WORST

None _____ Unbearable

8) Have you had medical treatment for this problem? Yes No

If NO, why not? _____

If YES, where did you receive treatment?

Company Medical Times in past year? _____

Personal Doctor Times in past year? _____

Other _____ Times in past year? _____

Did treatment help? Yes No

9) How much time have you lost in the last year because of this problem? _____ days

10) How many days in the last year were you on restricted or light duty because of this problem?
_____ days

11) Please comment on what you think would improve your symptoms?
