Please answer all questions truthfully and to the best of your ability.

1. Date: ______ / ______ / ______
   - Mo.  Day  Year

2. Name: ______________________
   - Optional

3. Job Title: ______________________

4. Dept: ______________________

5. Shift: ______________________

6. Height: ______________________

7. Dominant Hand: ☐ Left  ☐ Right  ☐ Either

8. Gender: ☐ Male  ☐ Female

9. How long have you worked in your current position?
   - ☐ <3 mos.  ☐ 3 mos. – 1 year  ☐ 1 – 5 years  ☐ 5 – 10 years  ☐ 10+ years

10. How often are you mentally exhausted after work?
    - ☐ Never  ☐ Occasionally  ☐ Often  ☐ Always

11. How often are you physically exhausted after work?
    - ☐ Never  ☐ Occasionally  ☐ Often  ☐ Always

12. Have you ever had any pain or discomfort during the last year that you believe is related to your work?
    - ☐ Yes  ☐ No (If no, go to question 16)

13. If yes, please complete page 2 of the survey.

14. For each area of discomfort indicated on page 2, please describe what you think is causing or caused this discomfort.

<table>
<thead>
<tr>
<th>BODY PART</th>
<th>PREVIOUS INJURY</th>
<th>POSSIBLE CAUSE OF PROBLEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
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<tr>
<td>☐ Yes</td>
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<td>☐ Yes</td>
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<td>☐ Yes</td>
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<tr>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
</tbody>
</table>

15. For each area of discomfort indicated on page 2, please record which job task(s) aggravates the discomfort.

<table>
<thead>
<tr>
<th>BODY PART</th>
<th>WHAT AGGRAVATES THE PROBLEM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

16. Do you have any suggestions to improve your job tasks or additional comments?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
For each body part, please indicate how often you experience pain (never, occasionally, often or always). Then indicate on a scale of 0-10 (0 being no pain and 10 being severe pain), how much pain you experience for each body part. Remember, pain includes aches, stiffness, numbness, tingling or burning sensations.