Health & Safety ONTARIO
YOUR PARTNERS IN PREVENTION

DISCOMFORT SURVEY

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.

BODY PART	PREVIOUS INJURY	POSSIBLE CAUSE OF PROBLEM
	❒Yes ❒No	
	❒Yes ❒No	
	❒Yes ❒No	
	❒Yes ❒No	

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

BODY PART	WHAT AGGRAVATES THE PROBLEM

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

_____

_____

_____

_____

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Workplace Safety & Prevention Services™
A Health & Safety Ontario Partner

An amalgamation of FSA, IAPA and OSSA

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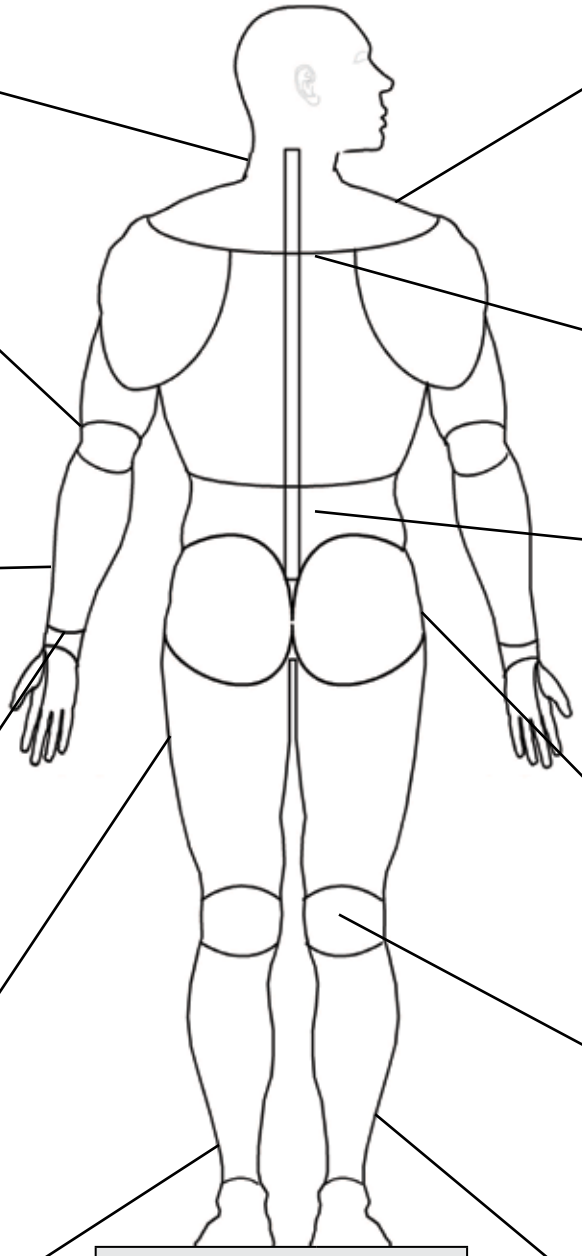
Discomfort Survey

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.



NECK ❒ right ❒ left

How often?	How much?
❒ Never	_____
❒ Occasionally	
❒ Often	
❒ Always	

SHOULDERS ❒ right ❒ left

How often?	How much?
❒ Never	_____
❒ Occasionally	
❒ Often	
❒ Always	

ELBOWS ❒ right ❒ left

How often?	How much?
❒ Never	_____
❒ Occasionally	
❒ Often	
❒ Always	

UPPER BACK ❒ right ❒ left

How often?	How much?
❒ Never	_____
❒ Occasionally	
❒ Often	
❒ Always	

FOREARMS ❒ right ❒ left

How often?	How much?
❒ Never	_____
❒ Occasionally	
❒ Often	
❒ Always	

LOWER BACK ❒ right ❒ left

How often?	How much?
❒ Never	_____
❒ Occasionally	
❒ Often	
❒ Always	

WRIST/HANDS ❒ right ❒ left

How often?	How much?
❒ Never	_____
❒ Occasionally	
❒ Often	
❒ Always	

HIPS ❒ right ❒ left

How often?	How much?
❒ Never	_____
❒ Occasionally	
❒ Often	
❒ Always	

THIGHS ❒ right ❒ left

How often?	How much?
❒ Never	_____
❒ Occasionally	
❒ Often	
❒ Always	

KNEES ❒ right ❒ left

How often?	How much?
❒ Never	_____
❒ Occasionally	
❒ Often	
❒ Always	

ANKLES/FEET ❒ right ❒ left

How often?	How much?
❒ Never	_____
❒ Occasionally	
❒ Often	
❒ Always	

OTHER: _____

How often?	How much?
❒ Never	_____
❒ Occasionally	
❒ Often	
❒ Always	

LOWER LEGS ❒ right ❒ left

How often?	How much?
❒ Never	_____
❒ Occasionally	
❒ Often	
❒ Always	

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Revised: October 2011

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