Safe Hands

Discomfort Survey

Please answer all questions to the best of your ability. An accurate picture of the impact that work is having across staff will help to more effectively identify and address the risks. While raw data will be kept, all original documents will be destroyed. Completed forms can be sent to Safe Hands by Mail (42/51 Stanley Street, Townsville, 4810), or scanned and e-mailed to mark@safehands.com.au.

Date:_____ Name (optional):_____

Position:_____ Work area:_____

Main job tasks:_____

DOB:_____ Gender:_____ Height:_____cm

How often are you mentally exhausted after work?

□ Never □ Occasionally □ Often □ Always

How often are you physically exhausted after work?

□ Never □ Occasionally □ Often □ Always

Have you ever had any pain or discomfort during the last year (or you time in this work area), that you believe is work related? □ Yes (Complete the body chart and questions) □ No (Go to last question)

For each area of discomfort indicated on page 2, please complete the table below.

Body part	Symptoms (pain, pins and needles, tightness, numbness)	Possible cause/ what aggravates the problem

Do you have any suggestions to improve your job tasks?

_____

_____

_____

_____

Any other comments?

_____

_____

_____

_____

_____

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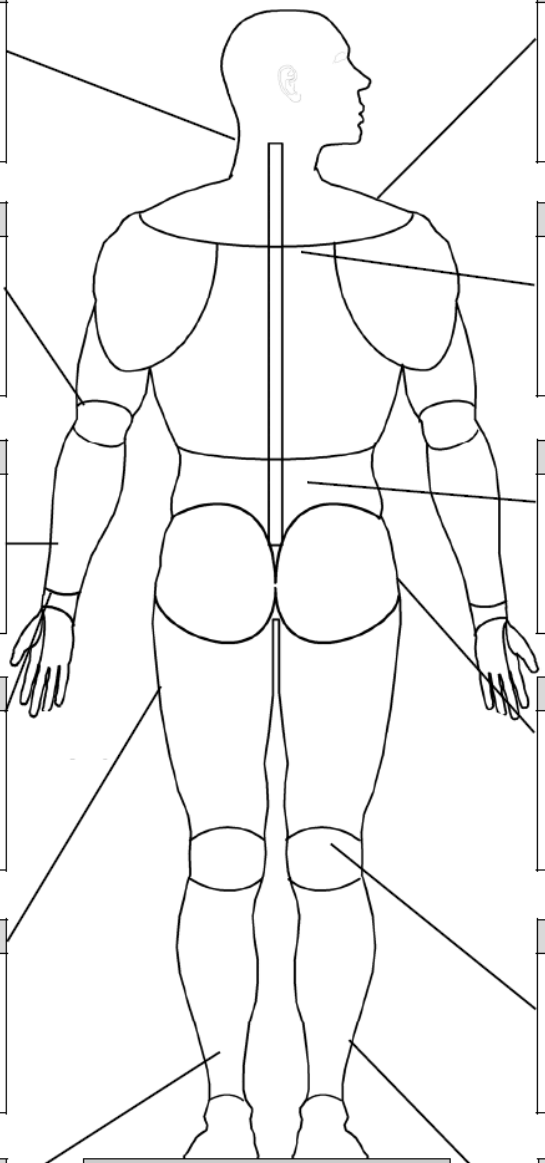
Shade in each area in which you believe you are experiencing work-related symptoms. Indicate the frequency which you are experiencing these symptoms, and the severity (score out of 10). If you are experiencing frequent of persistent symptoms, or if the intensity of your symptoms is above 6, it is strongly recommended that you seek medical advice.



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	