

Musculoskeletal disorders questionnaire

Name:

Job number:

Phone:

General information

1. Gender: ①male ② female;
2. Age: ____ years old;
3. Height: ____ (cm); Weight: ____ (kg);
4. Job content: ____; Have worked in the position for ____ years; Total years of working experience ____;
5. Education level: ① junior high school and below ② high school and secondary school ③ junior college ④ Undergraduate ⑤ masters degree and above
6. Monthly income: _____
7. Physical exercise after work (more than 30 minutes each time or sweat)
 - ① Never ② 1-3 times per quarter ③ 2-3 times per month ④ 1-2 times per week ⑤ 3 or more times per week
8. Do you usually smoke?
 - ① Quit smoking ② never smoked ③ smoked, on average, one cigarette a day
9. Do you usually drink alcohol?
 - ① has stopped drinking, ② never drinks, ③ occasionally drinks, ④ often drinks

Working condition

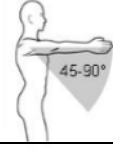
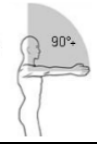
	Please answer the questions according to the descriptions and illustrations		Never	Occasi onally	Someti mes	Often	Always
1	Hold your head back for a long time at work? (>1min)						
2	Tilt your head back frequently at work? (>4/min)						
3	Turn your head for a long time at work? (>1min)						
4	Turn your head frequently at work? (>4/min)						
5	Keep your head down for a long time at work? (>1min)						
6	Lower your head frequently at work? (>4/min)						
7	Hold your head sideways for a long time at work? (>1min)						
8	Tilt your head sideways frequently work? (>4/min)						
9	Lean back frequently at work? (>4/min)						
10	Lean back for a long time at work? (>1min)						
11	Lean sideways frequently at work? (>4/min)						
12	Lean sideways for a long time at work? (>1min)						

	Please answer the questions according to the descriptions and illustrations		Never	Occasionally	Sometimes	Often	Always
13	Bend frequently at work? (>4/min)						
14	Bend for a long time at work? (>1min)						
15	Turn frequently at work? (>4/min)						
16	Turn for a long time at work? (>1min)						
17	Raise arms frequently at work? (>4/min)						
18	Raise arms for a long time at work? (>1min)						
19	Twist arms frequently at work? (>4/min)						
20	Twist arms for a long time at work? (>1min)						
21	Twist elbow frequently at work? (>4/min)						
22	Twist elbow for a long time at work? (>1min)						
23	Twist wrist up/down frequently at work? (>4/min)						
24	Twist wrist up/down for a long time at work? (>1min)						
25	Twist wrist sideways frequently at work? (>4/min)						
26	Twist wrist sideways for a long time at work? (>1min)						
27	Twist ankle up/down frequently at work? (>4/min)						
28	Twist ankle up/down for a long time at work? (>1min)						
29	Have arm supports at work?						
30	Touch or use vibrating tools at work?						
	The weight of the object you normally lift, push or pull is _____ kg						

31. How far does your neck usually lean forward at work?

① 0~10°	② 10~20°	③ 20~30°	④ >30°
			

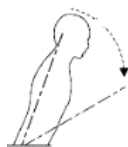
32. At what Angle do you usually raise your arms at work?

① 0~15°	② 15~45°	③ 45~90°	④ >90°
			

33. How much do you usually bend your elbows at work?

① <90°	② >90°
	

34. How much does your back usually lean forward at work?

① 0~20°	② 20~60°	③ >60°
		

Health condition

1. Do you suffer from any of the following diseases? (Multiple options available)

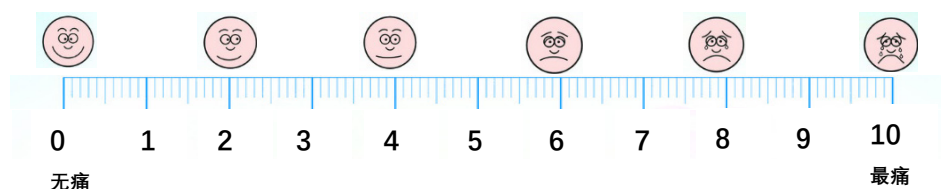
- ① no disease ② heart disease ③ diabetes ④ osteoporosis
⑤ Fractures ⑥ Rheumatism ⑦ Other diseases are_____

2. Have you ever been diagnosed by a doctor with any of the following diseases? (Multiple options available)

- ① no ② chronic tenosynovitis of wrist ③ olecranon bursitis ④ carpal tunnel syndrome ⑤ epicondylitis ⑥ meniscus injury
⑦ Prepatellar bursitis ⑧ Lower back pain ⑨ radial styloid tenosynovitis ⑩ Other musculoskeletal disorders

3. Have you ever injured any of the following parts in an accident? (Multiple options available)

- ① has not occurred ② neck ③ shoulder ④ upper back ⑤ lower back (waist)
⑥ Elbow ⑦ wrist/hand ⑧ hip/thigh ⑨ knee ⑩ ankle/foot



Visual Pain Scale

	Symptoms in past 1 month	Symptoms in past 12 months	Rate your pain score	Duration of symptoms	Frequency of symptoms
	“√” on your answer	“√” on your answer	0~10 (0 no pain, 10 most pain)	①<1 day ②>=1 day ③>=1 week ④>=1 month ⑤>=2 month	①1~2 / year ②1~2 / quarter ③1~2 / month ④1/week ⑤everyday
Neck	①Yes ②No	①Yes ②No		① ② ③ ④ ⑤	① ② ③ ④ ⑤
Shoulder	①Yes ②No	①Yes ②No		① ② ③ ④ ⑤	① ② ③ ④ ⑤
Upper back	①Yes ②No	①Yes ②No		① ② ③ ④ ⑤	① ② ③ ④ ⑤
Lower back	①Yes ②No	①Yes ②No		① ② ③ ④ ⑤	① ② ③ ④ ⑤
Elbow	①Yes ②No	①Yes ②No		① ② ③ ④ ⑤	① ② ③ ④ ⑤
Wrist	①Yes ②No	①Yes ②No		① ② ③ ④ ⑤	① ② ③ ④ ⑤
Hip	①Yes ②No	①Yes ②No		① ② ③ ④ ⑤	① ② ③ ④ ⑤
Knee	①Yes ②No	①Yes ②No		① ② ③ ④ ⑤	① ② ③ ④ ⑤
Ankle/Foot	①Yes ②No	①Yes ②No		① ② ③ ④ ⑤	① ② ③ ④ ⑤

Social psychology

	Never	Occasionally	Sometimes	Often	Always
1. Does your job require you to work fast?					
2. Does your job require you to work hard?					
3. Do you have enough time to complete your tasks?					
4. Do you need to accomplish conflicting tasks at work?					
5. Are your colleagues capable of doing their jobs?					
6. Do colleagues care about you?					
7. Are your colleagues friendly to you?					
8. Do colleagues help you at work?					
9. How often do you communicate your ideas to your leaders?					
10. Do you get support and help from your boss?					
11. Make a lot of your own decisions at work?					
12. Do you feel that your opinions are influential in your work?					
13. Can you use your special talents in the job?					
14. Do you get to decide how to complete tasks at work?					

15. Your average working hours per day, ____ days per week, with ____ breaks per day and ____ minutes per break.

16. Do you need to work overtime?

① Working overtime almost every day, every overtime h ② working overtime 2-3 times a week ③ occasionally working overtime ④ never working overtime

Working environment and system

1. Do you find the temperature in your workplace comfortable? ① Hot ② a little hot ③ comfortable ④ a little cool ⑤ cold

2. How do you feel about the noise in the working environment?

① no influence ② acceptable ③ affect the work ④ make the mood upset, seriously affect the work

3. How do you feel about the lighting in your work area?

① too bright, feel dazzling ② light ③ comfortable ④ dark ⑤ too dark, see things

4. Is your work seat adjustable? ① No seat ② can be adjusted ③ cannot be adjusted

5. How satisfied are you with your current working environment?

① Very dissatisfied ② dissatisfied ③ in general ④ satisfied ⑤ very satisfied

6. What is your usual shift?

① Regular day shift ② regular medium shift ③ regular night shift ④ Periodic shifts ⑤ Other working hours

8. After work, your feeling of fatigue is usually

① Feeling relaxed ② a little hard ③ hard ④ very hard ⑤ exhausted (cant go on)

9. Are you satisfied with your present salary?

① Very dissatisfied ② dissatisfied ③ in general ④ satisfied ⑤ very satisfied

10. Are you satisfied with the promotion system in your current job?

① Very dissatisfied ② dissatisfied ③ in general ④ satisfied ⑤ very satisfied

11. How satisfied are you with the current work organization system?

① Very dissatisfied ② dissatisfied ③ in general ④ satisfied ⑤ very satisfied

12. How satisfied are you with your current job overall?

① Very dissatisfied ② dissatisfied ③ in general ④ satisfied ⑤ very satisfied

Job training

1. Pre-job training time:

① Did not receive pre-job training (skip to question 3) ② less than half a day ③ half a day ④ one day ⑤ two days or more

2. Do you think pre-job training is helpful to your work?

① Not helpful ② a little helpful ③ more helpful ④ very helpful

3. Training time during the job:

① No on-the-job training (skip to question 6) ② less than half a day ③ half a day ④ one day ⑤ two days or more

4. Training frequency during work:

① every quarter/time ② every half year/time ③ every year/time ④ more than one year

5. Do you think the training is helpful to your work?

① Not helpful ② a little helpful ③ more helpful ④ very helpful

6. Which aspect of the training you have received do you think is most helpful to your work? (Please select one)

① Company system ② Safety precautions ③ Occupational protection knowledge ④ operation technology ⑤ Others

7. What kind of training do you want most? (Please select one)

① Company system ② Safety precautions ③ Occupational protection knowledge ④ operation technology ⑤ Others

8. How satisfied are you with your current job training? ① Very dissatisfied ② dissatisfied ③ in general ④ satisfied ⑤ very satisfied

Subjective Workload Assessment (SWAT)

1. Do you feel that you have enough time during the work process and are there any external interference? (Limited to one item)

① There is often free time in the work, and the interference when working is very small, rarely do multiple work at the same time;

Sometimes there will be free time in the work, sometimes there will be interference, sometimes there will be multiple work at the same time;

You have little or no free time, often receive distractions, or often multitask.

2. How much effort do you have to put into your work to get the job done? (Limited to one item)

① The completion of work tasks requires little effort and no concentration;

The completion of the task requires a certain degree of effort, the need for appropriate concentration;

The completion of the work task requires great effort and concentration.

3. What mood changes may occur during your work? (Limited to one item)

① work will rarely feel depressed, anxious or unsatisfying, unsatisfactory;

Sometimes in the work will feel depressed, anxious or unsatisfied, need to take some auxiliary measures to improve;

③ Work often feel depressed, anxious or not satisfied, need a lot of determination to complete the work.

4. Rank the following three factors in order of their impact on your work (from large to small) : □ □ □

① Time (how much free time in the work process affects your work)

② Effort (the impact of the amount of effort required in the work process on your work)

③ Psychological tension (the impact of anxiety, dissatisfaction, dissatisfaction and other feelings on your work during the work process)

MSDs cognition

1. Which of the following diseases do you consider to be occupational musculoskeletal disorders? (Multiple options available)

① Never heard of ② low back pain ③ shoulder and neck pain ④ olecranon bursitis ⑤ prepatellar bursitis

⑥ Epicondylitis ⑦ meniscus injury ⑧ carpal tunnel syndrome ⑨ styloid tenosynovitis radius _____

2. Which parts of the body do you think can be affected by occupational musculoskeletal disorders? (Multiple options available)

① do not know ② neck ③ shoulder ④ upper back ⑤ lower back (waist) ⑥ elbow

⑦ wrist/hand hip/thigh attending pet-name ruby knee ankle foot 11 other _____

3. Which of the following factors do you think is related to the occurrence of occupational musculoskeletal disorders? (Multiple options available)

① Frequent bending, turning or bowing, ② poor working posture ③ manual lifting of weights

④ Negative mood ⑤ disharmonious relationship between colleagues and superiors ⑥ day shift and night shift are reversed at will

⑦ Workbench, seat and personal size do not match

4. Which of the following measures do you think can help prevent occupational musculoskeletal disorders? (Multiple options available)

① Stop smoking and limit alcohol ② moderate exercise ③ Arrange appropriate breaks between work

④ Wear masks, earplugs and other protective equipment ⑤ operation training ⑥ Provide seats, rest areas for workers to rest

⑦ Consider the workers own situation when arranging the work scheduling system

5. Which of the following symptoms do you think occur in people with occupational musculoskeletal disorders? (Multiple options available)

① Muscle and joint pain ② muscle distension ③ nerve numbness

④ Fatigue ⑤ lack of concentration ⑥ other _____