

WORK-RELATED MUSCULOSKELETAL DISORDERS DISCOMFORT SURVEY

Name: _____

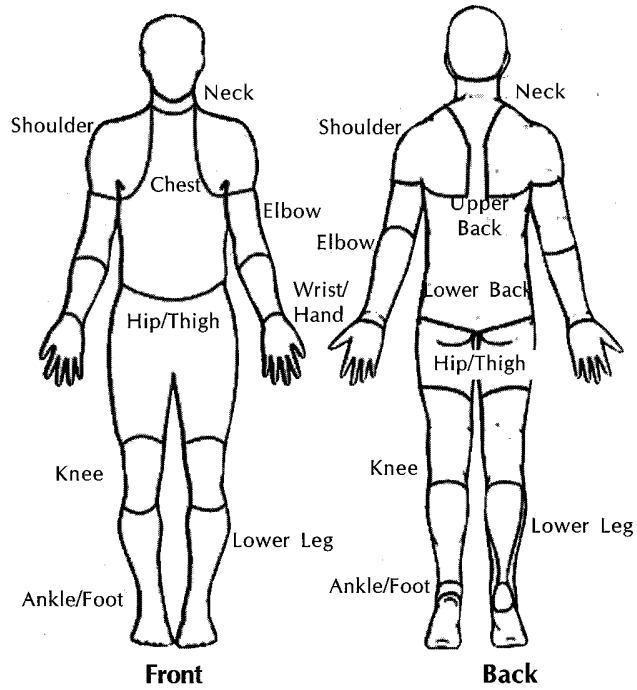
Job Title: _____

Think about how you feel **RIGHT NOW**:

1. Shade in all the areas of discomfort on the figure.
2. Using the scale below, rate the discomfort for both the left and right side of the body area named in the box below.

No Discomfort Worst Discomfort
 Imaginable

0 1 2 3 4 5 6 7 8 9 10



Discomfort Area	Right	Left
Neck		
Shoulder		
Chest		
Elbow/Forearm		
Hand/Wrist		
Hip/Thigh		
Knee		
Lower Leg		
Ankle/Foot		
Other		
Total		

If your score is higher than 20, you should consult your physician or healthcare provider.

The AFT-PSRP Department can provide further information on ergonomics and preventive programs through the AFT-PSRP Occupational Safety and Health Program at 202-393-5674.