

MEASURE THE PREVALENCE OF MSD



MEASUREMENT OF MUSCULOSKELETAL DISORDER – MSD

1/2

PRIOR TO AN INITIATIVE

Please indicate the degree of discomfort (pain or distress) in your **neck or shoulders** within the last 3 months

1 2 3 4 5 6 7 8 9 10

NO DISCOMFORT AT ALL WORST POSSIBLE DISCOMFORT

Please indicate the degree of discomfort (pain or distress) in your **elbows** within the last 3 months

1 2 3 4 5 6 7 8 9 10

NO DISCOMFORT AT ALL WORST POSSIBLE DISCOMFORT

Please indicate the degree of discomfort (pain or distress) in your **wrists/hands** within the last 3 months

1 2 3 4 5 6 7 8 9 10

NO DISCOMFORT AT ALL WORST POSSIBLE DISCOMFORT

Please indicate the degree of discomfort (pain or distress) in your **lower back** within the last 3 months

1 2 3 4 5 6 7 8 9 10

NO DISCOMFORT AT ALL WORST POSSIBLE DISCOMFORT

Within the last 3 months, how many days in all, did you have a **headache**?

- 0 days
 - 1-3 days
 - 4-7 days
 - 8-14 days
 - More than 14 days
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