## MEASUREMENT OF MUSCULOSKELETAL DISORDER – MSD



## **MEASUREMENT OF MUSCULOSKELETAL DISORDER – MSD**

## PREVALENCE OF MUSCULOSKELETAL DISORDER

Department / name:	Date:								
				DURING TH	IE LAST WEE	K TH	THE LAST MONTH		
Did you experience discomfort, pain, distress – MSB  Please respond on a scale of one to ten, with 0 being none and 10 the worst pain imaginable	Hands / wrist Elbows Shoulder / shoulder r Neck Upper part of the ba Lower part of the ba		back						
To how large an extent does p	pain, if any,	exert a	in influence 5	e on your f 6	itness for v	vork? 8	9	10	
NO INFLUENCE	AVERAGE INFLUE			NCE		VE	RY STRONG IN	IFLUENCE	
To how large an extent does p  0 1 2  NO INFLUENCE	pain, if any, 3	4	n influence 5   ERAGE INFLUE	6	ormal activ 7 	8	work? 9   RY STRONG IN	10 IFLUENCE	
How high is the risk, in your o	pinion, of y	our cu	rrent troub	ole becomir 6	ng long-ter 7	m? 8	9	10	
How do you experience your vo	work pace? 3	4	5   FAST	6	7	8	9	10 TOO FAST	
Do you, yourself, have any inf 0 1 2	luence on y 3	our wo	ork pace?  5   SOME	6	7	8	9	10 NONE	
Are you exhausted after a world of the second of the secon	3	4	5   ONCE IN A WH	6 	7     MO:	8   STLY	9	10 ALWAYS	
Do you need more than one d 0 1 2	ay to feel ro	elaxed? 4	? 5	6	7	8	9	10	
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MUCH SUPPORT  AVERAGE SUPPORT  AVERAGE SUPPORT  How do you experience the support/cooperation from your colleagues, if you are or have been in pain?  O 1 2 3 4 5 6 7 8 9 10  MUCH SUPPORT  AVERAGE SUPPORT  NO SUPPORT  How do you, yourself, experience your chances of reducing the MSD consequences on your own?  O 1 2 3 4 5 6 7 8 9 10  A GOOD CHANCE  AVERAGE CHANCE  NO CHANCE SUPPORT  How often do you take pain-killing drugs to cope with your job?  O 1 2 3 4 5 6 7 8 9 10  NEVER  SELDOM  DAILY  Is there anything in your family / leisure life that may influence your MSD?  O 1 2 3 4 5 6 7 8 9 10  NOTHING  A LITTLE  MUCH  How would you, in general, assess your physical health?  Excellent  very good  good  not very good  poor	How do you explosen in pain?	perience the	support/c	ooperation	n from you	r most imr	mediate sup	perior, if yo	u are or ha	ave
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NOTHING  A LITTLE  MUCH  How would you, in general, assess your physical health?  Excellent  very good  good  not very good  poor  Excellent  very good  good  not very good  poor  Excellent  very good  poor  Excellent  very good  poor  The poor	NEVER				SELDOM					DAILY
How would you, in general, assess your physical health?  Excellent very good good not very good poor  How would you, in general, assess your mental health?  Excellent very good good not very good poor	Is there anythin	ıg in your far	mily / leisu	re life that	t may influ	ence your	MSD?			
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	How would you	ı, in general,	assess you	ır mental h	nealth?					
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Any comments concerning your working situation that might be useful in our preventative work:	Excellent	very good			good		not very g	ood	poor	
Any comments concerning your working student that might be useful in our preventative work.	Any comments	concerning	our worki	na situatia	on that mic	iht ha iisa	ful in our n	reventative	work:	
	Any comments	concerning y	our worki	ng situatio	on that mig	int be use	rai iii oai p	reventative	, WOIK.	

WE THANK YOU FOR YOUR ANSWERS
The answers are to be used for improvement of our work place.

Kind regards from your work environment group and the Work Environment Committee