MEASURE THE PREVALENCE OF MSD



MEASUREMENT OF MUSCULOSKELETAL DISORDER – MSD

More than 14 days

PRIOR TO AN INITIATIVE **AFTER AN INITIATIVE** Please indicate the degree of discomfort (pain or distress) in your Please indicate the degree of discomfort (pain or distress) in your neck or shoulders within the last 3 months neck or shoulders within the last 3 months (7) (2) (3) (5) (6) (5) (6) (2) (10) (3) (7) (8) (10) (8) (9) (9) NO DISCOMFORT AT ALL NO DISCOMFORT AT ALL WORST POSSIBLE DISCOMFORT WORST POSSIBLE DISCOMFORT Please indicate the degree of discomfort (pain or distress) in your Please indicate the degree of discomfort (pain or distress) in your elbows within the last 3 months elbows within the last 3 months (5) (6) (6) (3) (5) (10) (3) (4) (10) NO DISCOMFORT AT ALL NO DISCOMFORT AT ALL WORST POSSIBLE DISCOMFORT WORST POSSIBLE DISCOMFORT Please indicate the degree of discomfort (pain or distress) in your Please indicate the degree of discomfort (pain or distress) in your wrists/hands within the last 3 months wrists/hands within the last 3 months (2) (7) (2) (7) (1) (3) (4) (5) (6) (9) (10) (1) (3) (4) (5) (6) (8) (10) NO DISCOMFORT AT ALL NO DISCOMFORT AT ALL WORST POSSIBLE DISCOMFORT WORST POSSIBLE DISCOMFORT Please indicate the degree of discomfort (pain or distress) in your Please indicate the degree of discomfort (pain or distress) in your lower back within the last 3 months lower back within the last 3 months (2) (2) (3) (5) (3) (4) (5) (6) **(7)** (10) (1) (4) (10) (6) NO DISCOMFORT AT ALL WORST POSSIBLE DISCOMFORT NO DISCOMFORT AT ALL WORST POSSIBLE DISCOMFORT Within the last 3 months, how many days in all, did you have a headache? Within the last 3 months, how many days in all, did you have a headache? 0 days O days 1-3 days 1-3 days 4-7 days 4-7 days 8-14 days 8-14 days

More than 14 days