

Worker's Repetitive Strain Injury (Upper Limbs) Questionnaire

Questions	Responses																											
Job History Continued																												
8. Movements involved:	Twisting motion <input type="checkbox"/> Wringing motion <input type="checkbox"/> Above shoulder level work <input type="checkbox"/> Gripping motion <input type="checkbox"/>																											
9. Recent changes in type or number of tasks performed?																												
10. Overtime or extraordinary work?																												
Injury History																												
11. Describe your physical injury, including symptoms.																												
12. Location of symptom(s):	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Hand</td> <td style="width: 5%;">R</td> <td style="width: 5%;">L</td> <td style="width: 25%;">Wrist</td> <td style="width: 5%;">R</td> <td style="width: 5%;">L</td> <td style="width: 25%;">Neck</td> <td style="width: 5%;">R</td> <td style="width: 5%;">L</td> </tr> <tr> <td>Shoulder</td> <td>R</td> <td>L</td> <td>Elbow</td> <td>R</td> <td>L</td> <td>Forearm</td> <td>R</td> <td>L</td> </tr> <tr> <td>Fingers</td> <td>R</td> <td>L</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Hand	R	L	Wrist	R	L	Neck	R	L	Shoulder	R	L	Elbow	R	L	Forearm	R	L	Fingers	R	L						
Hand	R	L	Wrist	R	L	Neck	R	L																				
Shoulder	R	L	Elbow	R	L	Forearm	R	L																				
Fingers	R	L																										
13. Date symptoms began:																												
14. Activities performed at symptom onset:																												
15. Do symptoms change when you are not at work? How?																												
16. When do these symptoms bother you?	At work <input type="checkbox"/> At night <input type="checkbox"/>																											
	Immediately when doing:																											
	Other:																											
17. What decreases symptoms?																												
18. What increases symptoms?																												

