Ergonomics Comfort Level Survey

lame:		Line/Area:	
ate:			
obs/Tasks in your typical ro	otation/shift: 1	2	
	3	4	
o you have any pain or discom	fort that you believe to be re	lated to your work?	
I Yes □ No			
YES, please circle the Job/Task ARK an "X" on the drawings and	(from your list above) that you indicate the related level of dis	feel contributes the most t scomfort in the blank area,	o your discomfort. based on the scale below.
	Pa	ting	
4	. Ra	ting	
0	1 2	3 4	5
No discomfort	Mild discomfort	Discomfort	Extreme discomfort
LEFT SIDE			RIGHT SIDE
Head/Neck			Head/Neck
Shoulder ———	FRONT	neck	Shoulder
Chest	shoulder		Chest
Elbow	1	10 5	Elbow
Hand/Wrist		•lbow	Hand/Wrist
Hip/Thigh	hip / \ thigh	wrist / t	Hip/Thigh
Knee		1- fun	Knee
Lower Leg	knee },	}-{	Lower Leg
Ankle/Foot		low leg	Ankle/Foot
Other	ankle / foot		Other
LEFT SIDE	BACK (RIGHT SIDE
Shoulder)	neck	Shoulder
Upper Arm		shoulder	Upper Arm
Elbow	A tion	en back /	Elbow
Hand/Wrist	•lbow / . /		Hand/Wrist
Buttock	low	beck	Buttock
Thigh	hip /	wrist / hand	Thigh
Knee	MAD (min)		Knee
Lower Leg	\ \frac{\frac{1}{2}}{2}	knee	Lower Leg
Ankle/Foot	low lea		Ankle/Foot

Other

Other