Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *In the last month, have you experienced discomfort that was
made worse by working?
 Use the pictures below and rate your pain or discomfort
 from 1 (very weak discomfort) to 5 (very strong discomfort).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *1* | *2* | *3* | *4* | *5* |
|  |  |  |  |  |  |  |  |  |  |
| ☺ |  | 😐 |  | ☹ |
| *Very Weak* | *Weak* | *Medium* | *Strong* | *Very Strong* |

 *Left Right Right Left*

1. *What things at work do you believe make your discomfort worse?*

