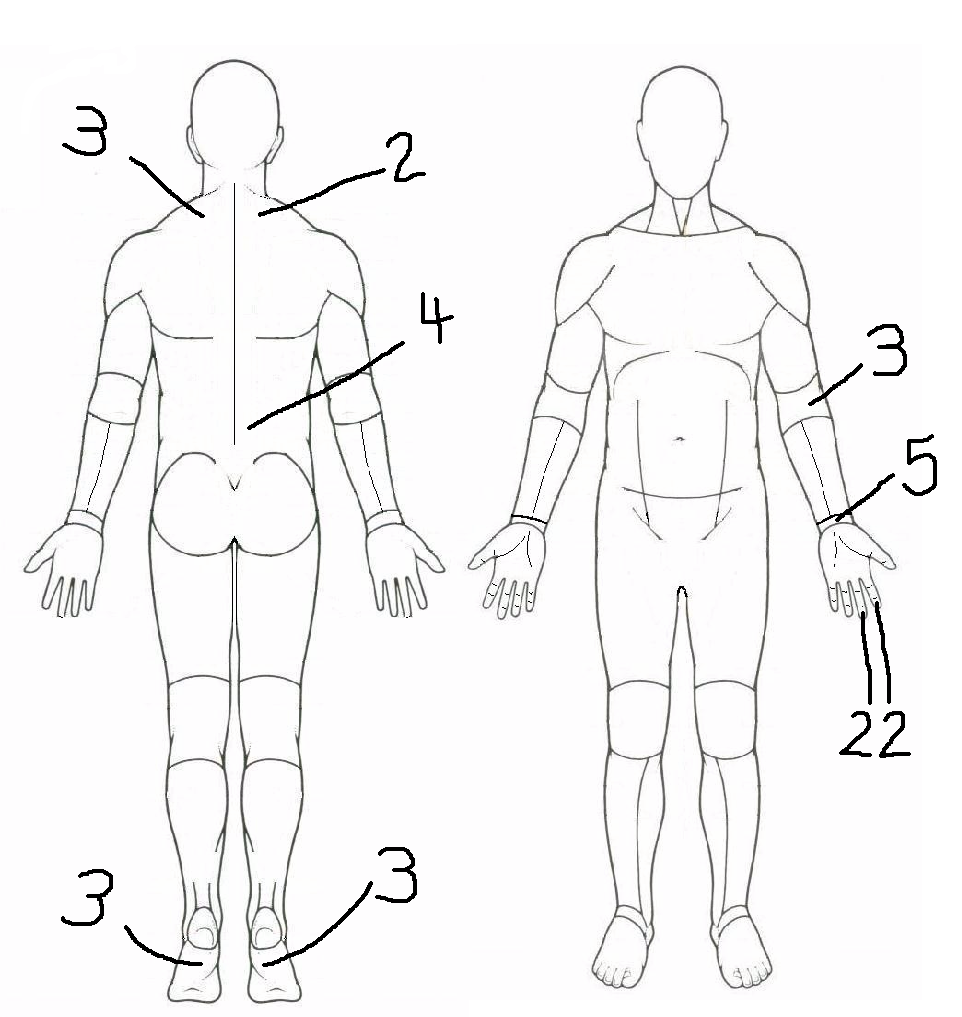
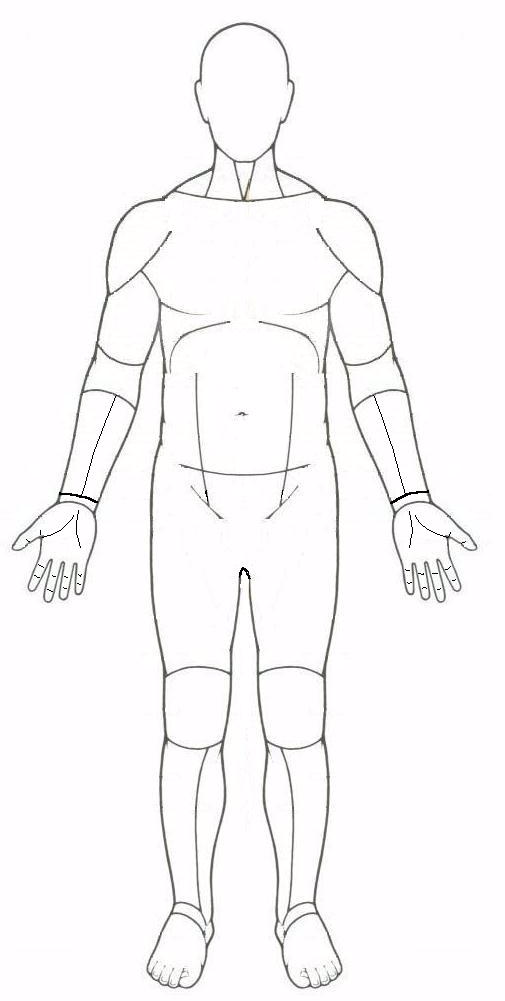
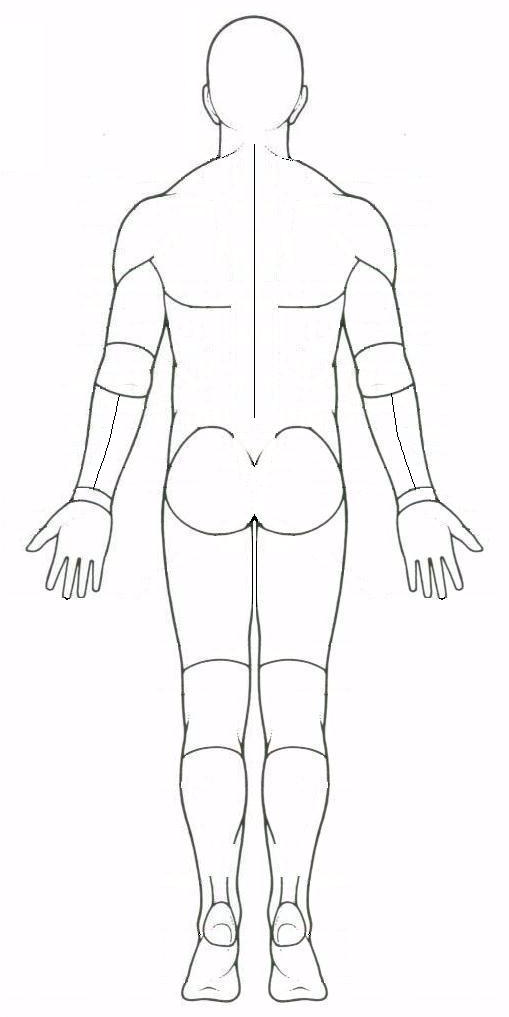
Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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?*

