

ERGONOMIC QUESTIONNAIRE

Name: _____ Date: _____ Phone: _____

Job Title: _____ Job Address: _____

Gender: _____ M _____ F Height: _____ Weight: _____

Supervisor: _____ Supervisor's Title: _____

Department: _____

Years in current position: _____ Hours worked per week: _____

Fee information is available at: <http://www.ehs.iastate.edu/fee-schedule>

Worktag _____ Dept Detail _____

Work Environment and Symptoms

Daily work duties:

Work-related activities that aggravate your condition:

If you work at a computer, on average how many hours per day do you do so? _____

Do you experience eyestrain? _____ Y _____ N If yes, please describe symptoms and frequency:

Which hand is dominant? _____ Right _____ Left

Do you currently experience discomfort while working? _____ Yes _____ No

If yes, what are the symptoms? Please specify right or left where appropriate and be specific.

Approximate date symptoms were first noticed: _____

Medical Information

Have you seen a physician for this problem? Yes No

Personal Physician Worker's compensation Physician Not Applicable

What was the diagnosis? _____

What tests, if any, were conducted to confirm the diagnosis? _____

Which treatments, if any, has your doctor prescribed?

Anti-inflammatory drugs Surgery
 Ice/heat Splint(s) Currently used? Y N
 Physical Therapy Chiropractic care
 Steroid Injection Rest (Describe) _____

The medical conditions listed below may predispose individuals to repetitive strain injury. If you have any of the listed conditions and are comfortable disclosing them, please do so.

Rheumatoid Arthritis Overweight Birth control/hormonal drugs
 Diabetes mellitus Hypothyroidism Smoking
 Pregnancy Myalgia Lupus

Personal Information

List any hobbies or activities done on a regular basis outside of work: sewing, bowling, bicycling, knitting, motorcycling, computer games, etc...

To the best of my knowledge, the above information is accurate and complete.

Signed: _____ Date: _____