

ERGONOMIC QUESTIONNAIRE

Name: _____ Date: _____ Phone: _____

Job Title: _____ Job Address: _____

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

Supervisor: _____ Supervisor's Title: _____

Department: _____

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

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

Account number _____

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:

Please note your dominant hand: _____ 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 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, e.g., sewing, bowling, bicycling, knitting, motorcycling, computer games, etc...

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

Signed: _____ Date: _____