

ISR Institute CBESsm Comfort Survey

Name: _____

Date: _____

Occupation: _____

01. Hours worked per week: ____ Hrs Shift: Day Night

02. Time working in present position: _____ years _____ Months

03. Total time working in your occupation: _____ years _____ Months

04. Have you had any discomfort during the last year? **If not - stop here.**

If so, check location(s) of discomfort and circle "L" for left and circle "R" for right when applicable:

[Please circle either L (left) or R (right) where appropriate]

- Neck Shoulder Elbow L R Forearm L R Hand L R Wrist L R
 Fingers L R Upper back Middle back lower back Thigh L R
 Knee L R Leg (below knee) L R Ankle L R Foot L R

05. Do you currently have discomfort? If so, check location(s) of discomfort area(s) below:

- Neck Shoulder L R Elbow L R Forearm L R Hand L R Wrist L R
 Fingers L R Upper back Middle back Lower back Thigh L R
 Knee L R Leg (below knee) L R Ankle L R Foot L R

06. Please describe your discomfort in the area(s) checked:

- Aching (soreness) Numbness Pins and needles (tingling) Burning
 Pain Cramping Swelling Stiffness Other:

07. Please rate your discomfort in severity: Very Mild Mild Moderate Severe Intolerable

08. When did you first notice discomfort? ____ Month ____ Year

09. When was the most recent occurrence of your discomfort?

- Today Several days ago Weeks ago Months ago Years ago

10. Is discomfort intermittent or constant? Intermittent Constant

11. How many separate episodes of discomfort in the last year? _____

12. What do you think caused your discomfort? _____

13. Have you had medical treatment for your discomfort? Yes No

14. If not, do you plan to have medical treatment for your discomfort? Yes No

15. Has your condition affected how you perform your job? Yes No

16. Has experienced loss in range of motion, weakness, or numbness? Yes No

17. Do any of your hobbies or sports cause the same discomfort? Yes No

If yes, which one(s):

19. Please comment on what you think would ease or eliminate your discomfort at work (Write on back if needed):