To learn more about using Symptom Surveys and other assessment methods to identify and rank hazards and risks related to patient handling tasks, refer to Section 3 in the Safe Patient Handling and Mobility: A Toolkit for Program Development 2025 at: https://www.nvha.net/safe-patient-handling-and-mobility-toolkit/

Worker Symptom/Discomfort Survey Example

Note:
This survey was specifically designed to identify the occurrence of musculoskeletal-related discomfort by body part and to evaluate the prevalence, frequency, and impact of low back pain in caregivers who perform patient handling tasks. Caregivers can identify which work tasks they believe have contributed to their symptoms, as well as suggest potential methods for alleviating these concerns.

As with administration of other employee surveys, thorough planning is essential, including strategies for sharing lessons learned from caregiver responses and outlining actions to mitigate the risk of caregiver injury related to patient handling.

NIOSH recommends administering surveys that are anonymous, voluntary, and completed on work time. Out of respect for workers' personal information, use surveys only if the employer is prepared to act on the results. (NIOSH, 1997).

Content of worker symptom/discomfort surveys vary. Other questions can be added to this sample survey if more information is needed. Examples of symptom/discomfort surveys are provided at the end of this tool.

Survey Introduction *(sample)*

This survey is part of an ergonomics worksite analysis that is currently being conducted by the ABC Hospital Safe Patient Handling and Mobility (SPHM) committee. The SPHM committee is currently analyzing all units/depts with the aim of identifying patient handling activities such as lifting, repositioning, transferring and mobilizing patients, which may cause musculoskeletal injuries to caregivers. The information that you provide will help the committee develop solutions to improve caregiver safety.

The purpose of this survey is to gather information about any physical discomfort that you may have experienced in the past 12 months or currently be experiencing while performing your job duties, and what you think may have contributed to your discomfort. We also welcome your ideas about potential ways to address this discomfort.

This survey is anonymous and voluntary. Results of this survey will be kept confidential.

Please contact _____if you have questions.

Date	_____/_____ /_____ **Mo Day Year**	**Unit/ Department**	_____
Job Type	**RN ☐ LPN ☐ CNA ☐ Technician ☐** **Other ☐ (please specify)** _____	**Shift(s)**	_____
How long have you worked at your present job?	_____ **Years** _____ **Months**	**How many hours a week do you usually work in your current job?**	_____

Have you held any other job positions during the past year Yes ☐ No ☐ (if NO, Stop here)

If yes, please describe your job role and hours worked in each position

_____

_____

_____

Have you had pain or discomfort during the last year (12 months) that you feel is job-related?

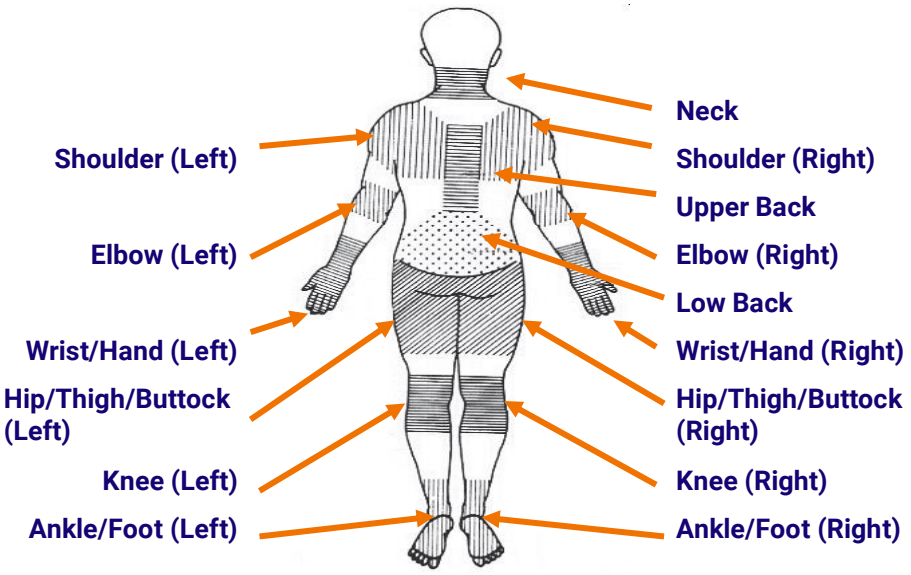
Yes ☐ No ☐ (if NO, Stop here)

If YES, please complete the questions on the next page.

Please answer the questions below for each body part by CIRCLING Yes or No for each question.

Answer each question even if you never had trouble in any part of your body.

The diagram to the right shows the approximate position of the body parts referred to in the questions.



	During the last 12 months have **you experienced** ache, pain, discomfort, burning, numbness, tingling, swelling etc., in your……?				During the last 12 months, did this condition/symptoms **interfere with your ability** to perform your normal work?				During the last 12 months have you **seen a health care provider** (e.g., MD, Physical Therapist, Chiropractor, for this condition?			
Neck	Yes	☐	No	☐	Yes	☐	No	☐	Yes	☐	No	☐
Upper Back	Yes	☐	No	☐	Yes	☐	No	☐	Yes	☐	No	☐
Lower Back	Yes	☐	No	☐	Yes	☐	No	☐	Yes	☐	No	☐
Shoulder (right)	Yes	☐	No	☐	Yes	☐	No	☐	Yes	☐	No	☐
Shoulder (left)	Yes	☐	No	☐	Yes	☐	No	☐	Yes	☐	No	☐
Elbow (right)	Yes	☐	No	☐	Yes	☐	No	☐	Yes	☐	No	☐
Elbow (left)	Yes	☐	No	☐	Yes	☐	No	☐	Yes	☐	No	☐
Wrist/hand (right)	Yes	☐	No	☐	Yes	☐	No	☐	Yes	☐	No	☐
Wrist/hand (left)	Yes	☐	No	☐	Yes	☐	No	☐	Yes	☐	No	☐
Hips/thigh/buttock (right)	Yes	☐	No	☐	Yes	☐	No	☐	Yes	☐	No	☐
Hips/thigh/buttock (left)	Yes	☐	No	☐	Yes	☐	No	☐	Yes	☐	No	☐
Knee (right)	Yes	☐	No	☐	Yes	☐	No	☐	Yes	☐	No	☐
Knee (left)	Yes	☐	No	☐	Yes	☐	No	☐	Yes	☐	No	☐
Ankle/Feet (right)	Yes	☐	No	☐	Yes	☐	No	☐	Yes	☐	No	☐
Ankle/Feet (left)	Yes	☐	No	☐	Yes	☐	No	☐	Yes	☐	No	☐

Continued

Please answer the following questions ONLY if you have ever had low back trouble. Circle the best answer.

1) What is the total length of time you have had low back trouble in the **last 12 months**?
   a) 0 days
   b) 1-7 days
   c) 8-30 days
   d) more than 30 days
   e) every day

2) Has low back trouble caused you to reduce your activity level during the **last 12 months**?
   Work activity Yes ☐ No ☐
   Leisure activity Yes ☐ No ☐

3) What is the total length of time that low back trouble has prevented you from doing your usual activities (at your job or at home) during the **last 12 months?**
   a) 0 days
   b) 1-7 days
   c) 8-30 day
   d) more than 30 days

4) If you experienced low back ache, pain or discomfort, how uncomfortable was it?
   a) Slightly uncomfortable
   b) Moderately uncomfortable
   c) Very uncomfortable

5) Have you ***ever*** been hospitalized for low back trouble?
Yes ☐ No ☐

6) Have you ***ever*** had to change jobs or job duties because of low back trouble?
Yes ☐ No ☐

7) Have you had low back trouble any time in the **last 7 days?**
Yes ☐ No ☐

What do you think caused the discomfort/symptoms you experienced in the last 12 months?

_____

_____

_____

_____

Please comment on what you think would help to reduce your level of discomfort. Any changes or recommendations you would make to the work environment to reduce risk of injury?

_____

_____

_____

_____

Please remember to report work-related discomfort/injuries promptly to your supervisor and follow the reporting process. Go to _____ to file a work-related incident/injury report.

References and Resources

This survey was adapted from symptom surveys conducted at 2 healthcare facilities as part of the Oregon Facility of Choice Program Safe Patient/Resident Handling Demonstration Project 2008-2011 funded by Oregon OSHA.

National Institute for Occupational Safety and Health. (1997). Elements of ergonomics programs: A primer based on workplace evaluations of musculoskeletal disorders (DHHS (NIOSH) Publication No. 97-117). https://www.cdc.gov/niosh/docs/97-117/

Occupational Health and Safety Council of Ontario. (2008). Musculoskeletal disorders prevention series: Part 3B: MSD prevention toolbox: Beyond the basics: Musculoskeletal disorders (OHSCO 5159A). https://www.whsc.on.ca/Files/Resources/Ergonomic-Resources/MSD-Prevention-Toolbox-Part-B-Beyond-Basics.aspx

Other Resources

Canadian Centre for Occupational Health and Safety. Medical History Checklist: Symptoms Survey for Work-Related Musculoskeletal Disorders (WMSDs). https://www.ccohs.ca/oshanswers/diseases/wmsd/work_related_wmsd.html

Hedge, A (2003). Cornell Musculoskeletal Discomfort Questionnaires (CMDQ) for workers in jobs that require sedentary or standing work. Cornell University Ergonomics Web. https://ergo.human.cornell.edu/ahmsquest.html

National Institute for Occupational Safety and Health. (2024, February 26). Elements of ergonomics programs. Step 3: Collect Health and Medical Evidence. WMSD Hazard Identification Checklist https://www.cdc.gov/niosh/ergonomics/ergo-programs/gather-evidence.html