WORK -RELATED INJURY QUESTIONNAIRE

NAME _____ DATE _____

EMPLOYER AT TIME OF INJURY _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

JOB TITLE _____

TYPE OF WORK BEING PERFORMED AT TIME OF INJURY

_____

DESCRIBE INJURY / ACCIDENT

_____

_____

_____

BEFORE THE ACCIDENT HAVE YOU EXPERIENCED SIMILAR/SAME SYMPTOMS? ☐ YES ☐ NO

IF YES, DESCRIBE:

_____

LIST AND DESCRIBE ANY ADDITIONAL INJURIES/ACCIDENTS

_____

_____

"ON THE JOB I LIFT/CARRY"	NONE	INFREQUENT *1X P/HR*	OCCASIONAL *UP TO 15X P/HR*	INTERMITTENT *UP TO 60X P/HR*	CONSTANT *60+ P/HR*
Up to 10 LBS	☐	☐	☐	☐	☐
11-25	☐	☐	☐	☐	☐
26-50	☐	☐	☐	☐	☐
51 -75	☐	☐	☐	☐	☐
76-100	☐	☐	☐	☐	☐
100+	☐	☐	☐	☐	☐

Work Activities	NONE	INFREQUENT *1X P/HR*	OCCASIONAL *UP TO 15X P/HR*	INTERMITTENT *UP TO 60X P/HR*	CONSTANT *60+ P/HR*
BENDING	☐	☐	☐	☐	☐
CRAWLING	☐	☐	☐	☐	☐
CROUCHING	☐	☐	☐	☐	☐
CLIMBING	☐	☐	☐	☐	☐
KNEELING	☐	☐	☐	☐	☐
PUSHING	☐	☐	☐	☐	☐
PULLING	☐	☐	☐	☐	☐
REACHING					
ABOVE SHOULDER LEVEL	☐	☐	☐	☐	☐
AT SHOULDER LEVEL	☐	☐	☐	☐	☐
BELOW SHOULDER LEVEL	☐	☐	☐	☐	☐

IN A TYPICAL 8-HOUR WORKDAY HOW MANY HOURS DO YOU SIT _____ STAND _____ WALK _____?

ON THE JOB DO YOU PERFORM REPETITIVE LIFTING? ☐ YES ☐ NO BENDING? ☐ YES ☐ NO

DO YOUR HANDS PERFORM REPETITIVE ACTIONS SUCH AS:

☐ SIMPLE GRASPING ☐ FIRM GRASPING ☐ FINE MANIPULATING?

ARE YOUR FEET USED FOR REPETITIVE MOVEMENTS, SUCH AS OPERATING FOOT CONTROLS? ☐ YES ☐ NO

_____ _____

PATIENT SIGNATURE DATE