

University of Minnesota Duluth

Environmental Health and Safety Office

Ergonomics Program: Symptoms Survey

Name: _____

Date: _____

Dept: _____

Job/Position: _____

Other Jobs you have done in the last year (for more than 2 weeks)

Dept: _____

Position held: _____

_____ Time on this Job

Dept: _____

Position held: _____

_____ Time on this Job

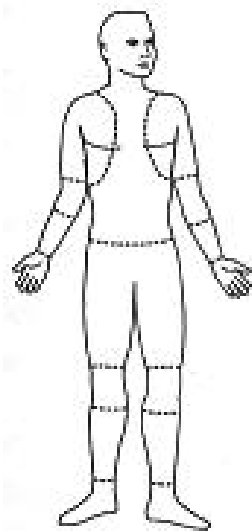
(Include Jobs you worked on the most)

Have you had any pain or discomfort in the upper extremities during the last year?

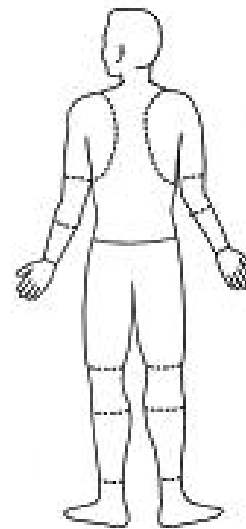
Yes

No

If YES, carefully shade in area of the drawing, which bothers you, the MOST



Front



Back

