

**PRE-MODIFICATION
WORKER INFORMATION**

Today's Date: _____

A) Your age range: (circle one)

20 to 29 years

30 to 39 years

40 to 49 years

50 to 59 years

60 to 69 years

70 to 79 years

B) Are you: (circle one)

Male

Female

C) Height: (write in number)

_____ foot _____ inches

D) Weight: (write in pounds)

_____ lbs.

E) Are you: (circle one)

Right handed

Left handed

F) How long have you worked at this job at UW? (write in number)

_____ years

Make an "X" here _____ if you have worked at this job for less than one year.

G) Language you feel most relaxed when listening or hearing: (circle one)

English

Other language (not English)

H) Have you taken this survey before? (circle one)

YES

NO

EXAMPLE: Ditch Digging



Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.

QUESTION 1

I do this work with no discomfort.

Make an "X" here ____ and go to the next set of pictures.

– OR –

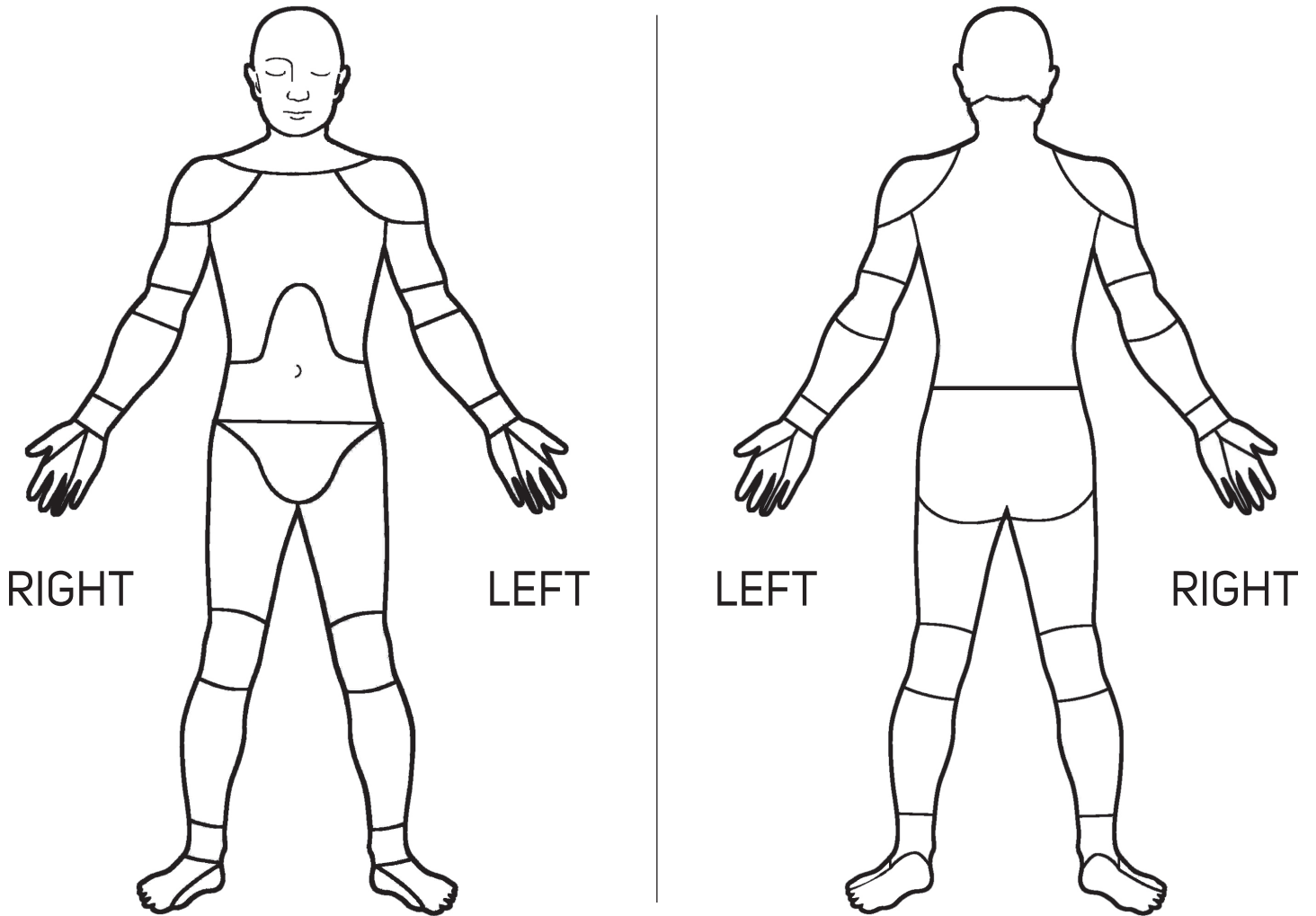
I feel discomfort when I do this work.

Circle only one picture above showing the work that causes you to feel the most discomfort.

EXAMPLE: Ditch Digging

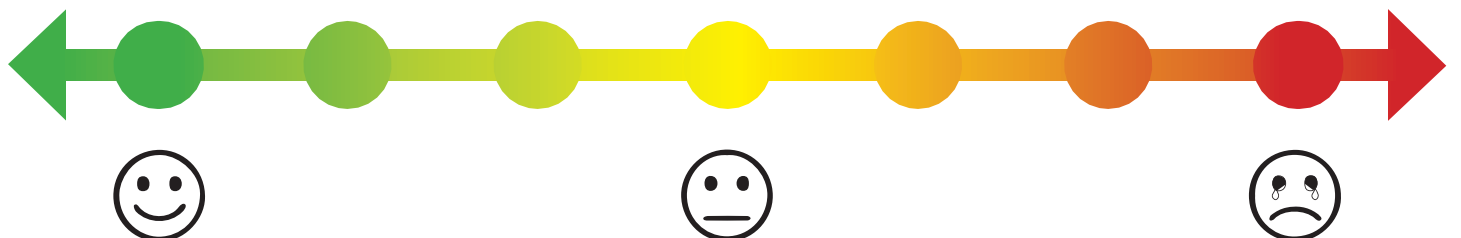
QUESTION 2

Make an "X" on ONE body part on either the front or the back of the body below that feels the most discomfort while doing this work.



QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



WORK NAME: Clean Blackboards



Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.

QUESTION 1

I do this work with no discomfort.

Make an "X" here ____ and go to the next set of pictures.

– OR –

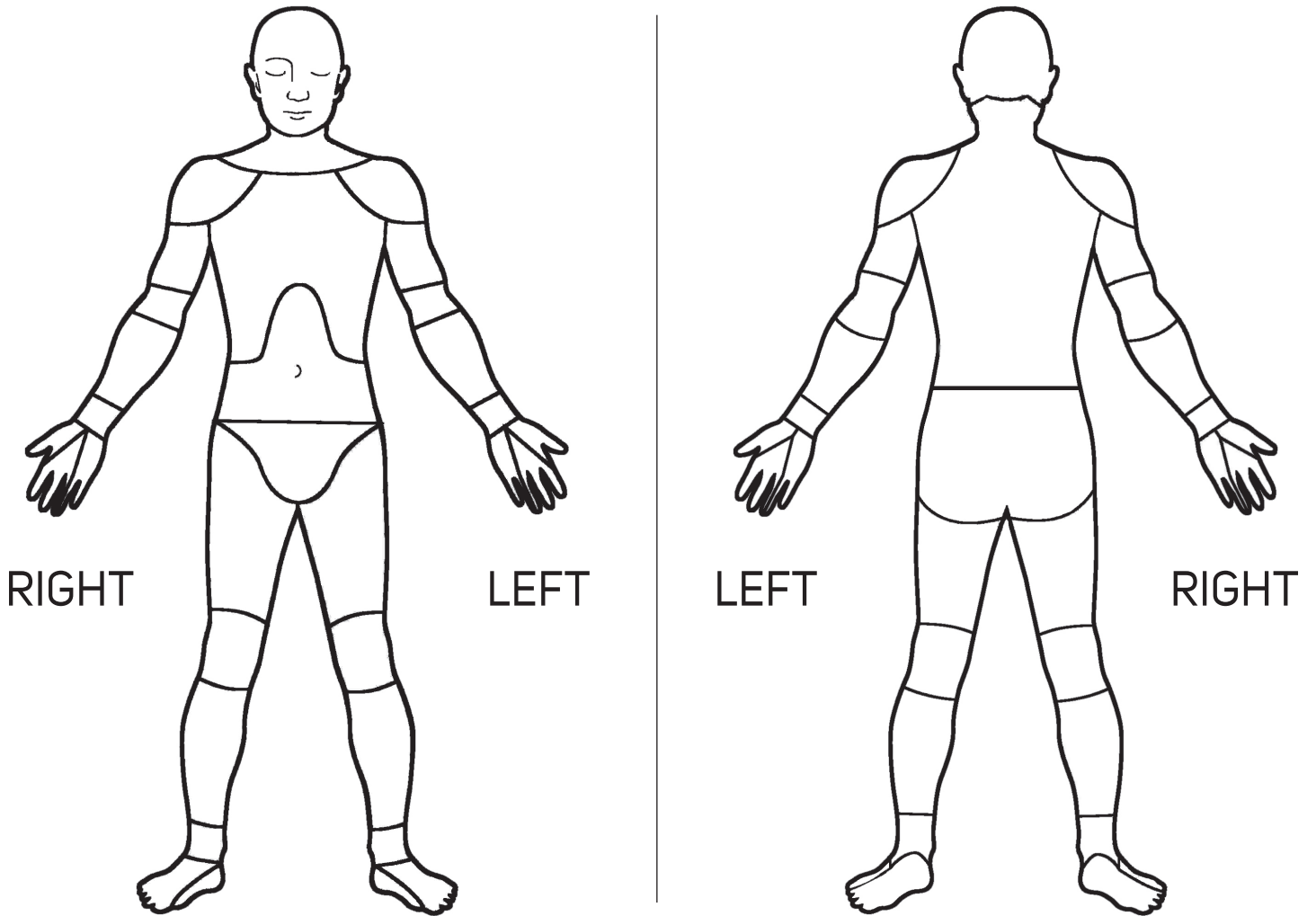
I feel discomfort when I do this work.

Circle only one picture above showing the work that causes you to feel the most discomfort.

WORK NAME: Clean Blackboards

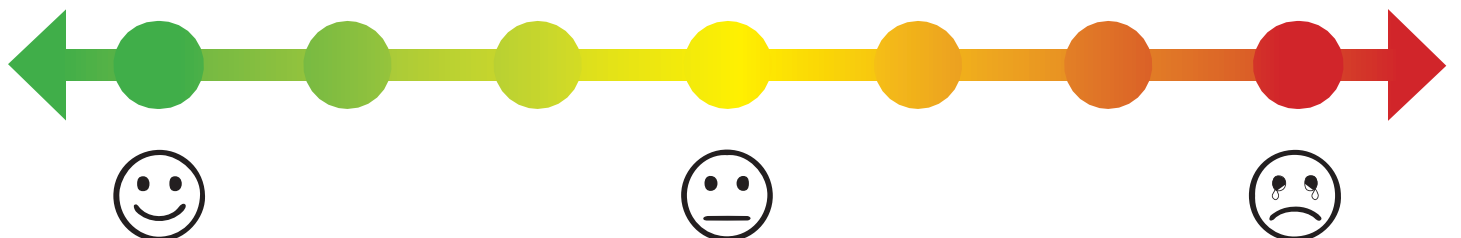
QUESTION 2

Make an "X" on ONE body part on either the front or the back of the body below that feels the most discomfort while doing this work.



QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



WORK NAME: Clean Toilets



Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.

QUESTION 1

I do this work with no discomfort.

Make an "X" here ____ and go to the next set of pictures.

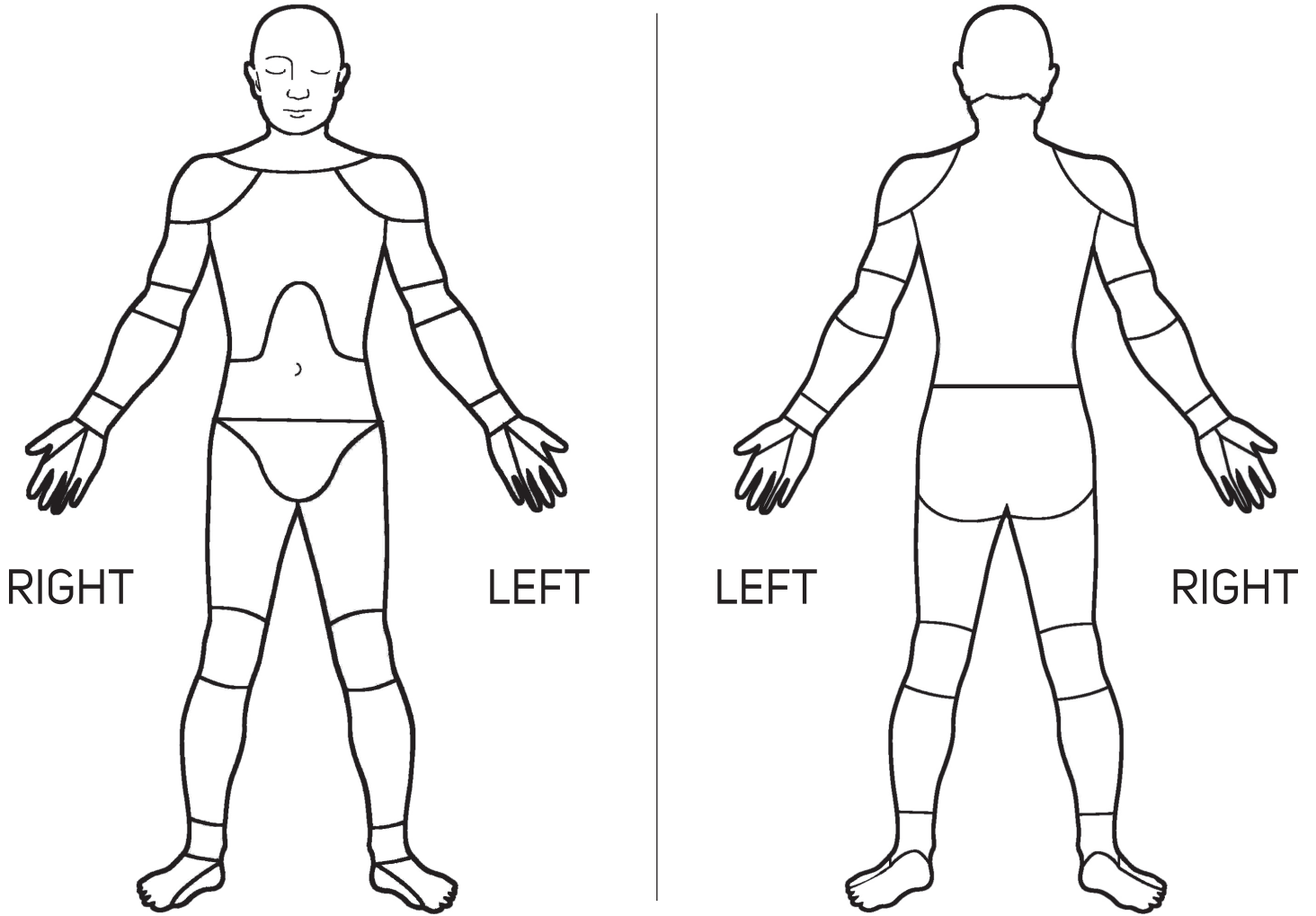
– OR –

I feel discomfort when I do this work.

Circle only one picture above showing the work that causes you to feel the most discomfort.

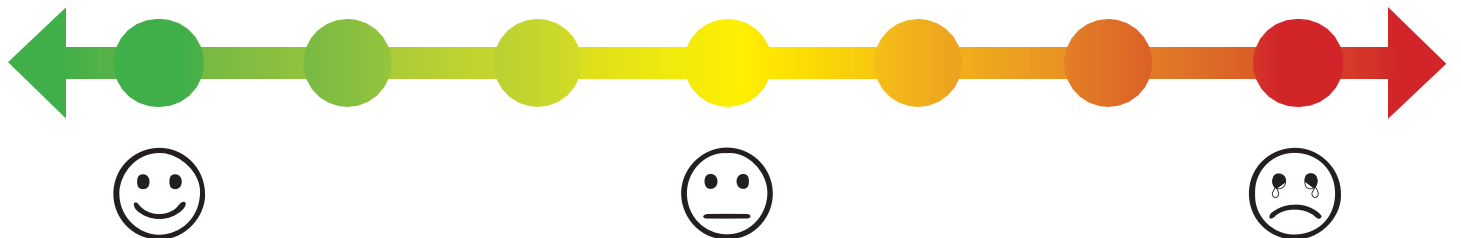
QUESTION 2

Make an "X" on ONE body part on either the front or the back of the body below that feels the most discomfort while doing this work.



QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



WORK NAME: Moving Furniture



Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.

QUESTION 1

I do this work with no discomfort.

Make an "X" here ____ and go to the next set of pictures.

– OR –

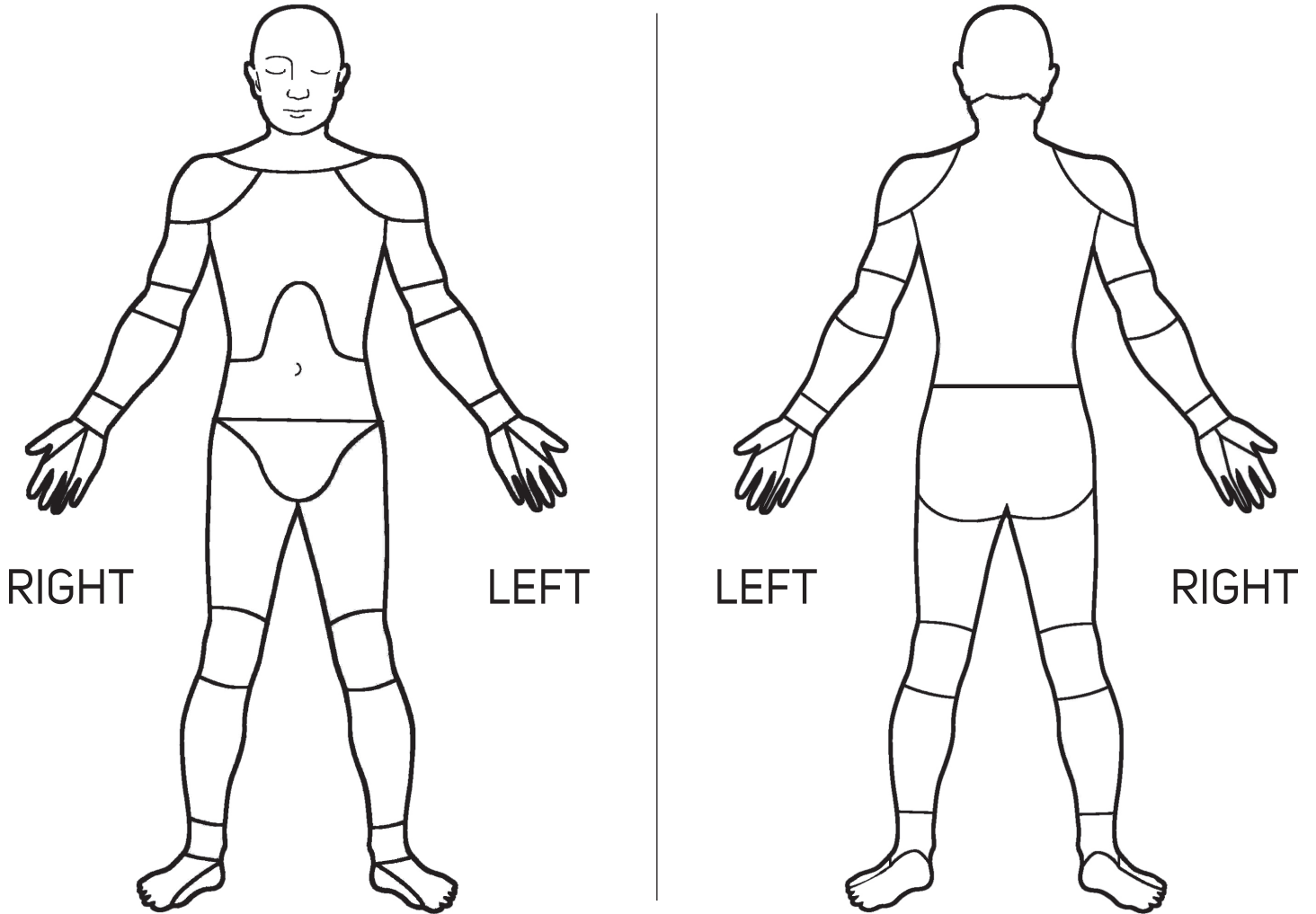
I feel discomfort when I do this work.

Circle only one picture above showing the work that causes you to feel the most discomfort.

WORK NAME: Moving Furniture

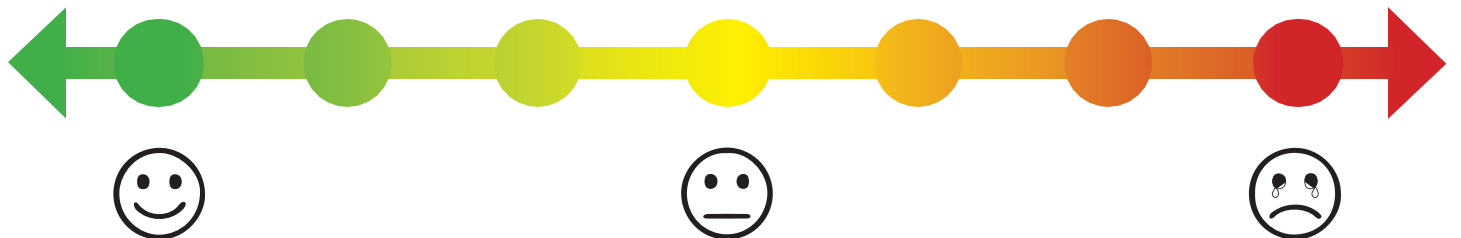
QUESTION 2

Make an "X" on ONE body part on either the front or the back of the body below that feels the most discomfort while doing this work.



QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



WORK NAME: Lock and Unlock Doors



Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.

QUESTION 1

I do this work with no discomfort.

Make an "X" here ____ and go to the next set of pictures.

- OR -

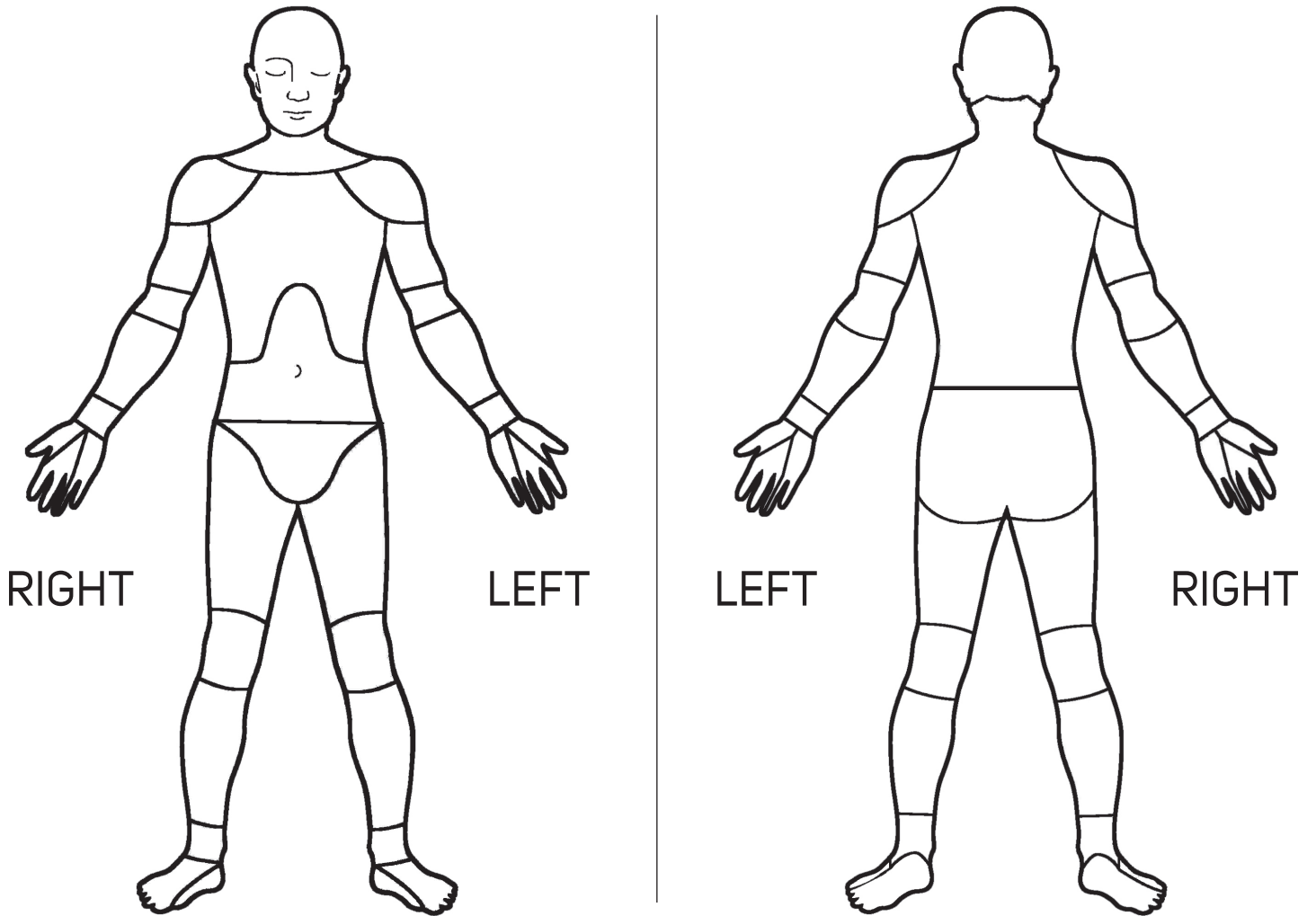
I feel discomfort when I do this work.

Circle only one picture above showing the work that causes you to feel the most discomfort.

WORK NAME: Lock and Unlock Doors

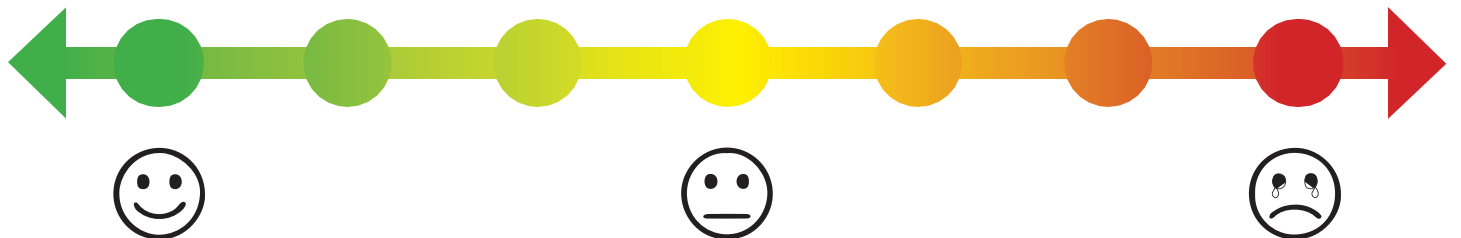
QUESTION 2

Make an "X" on ONE body part on either the front or the back of the body below that feels the most discomfort while doing this work.



QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



WORK NAME: Wipe any surface (mirrors, walls, windows, elevators, whiteboards, etc.)



Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.

QUESTION 1

I do this work with no discomfort.

Make an "X" here ____ and go to the next set of pictures.

- OR -

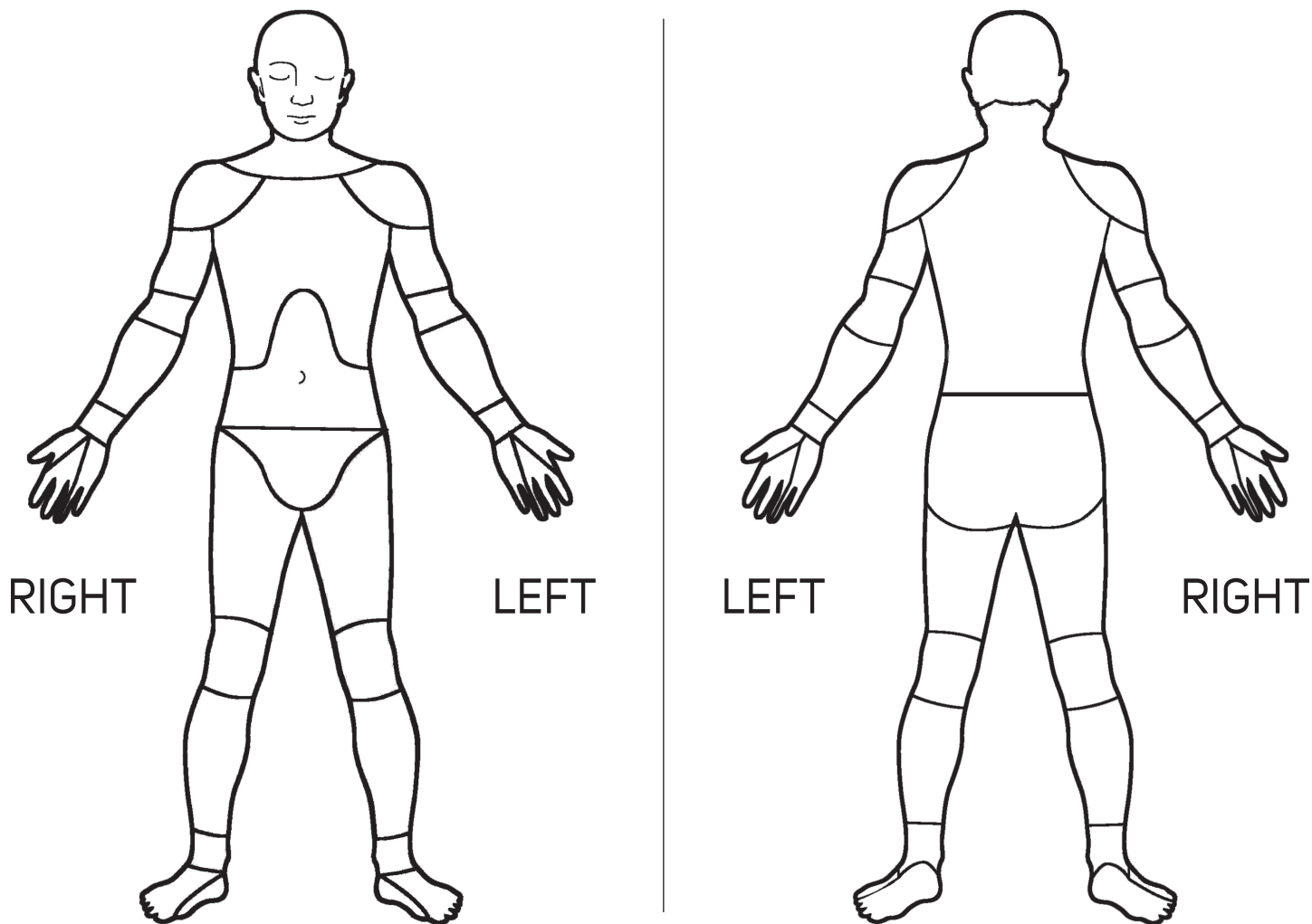
I feel discomfort when I do this work.

Circle only one picture above showing the work that causes you to feel the most discomfort.

WORK NAME: Wipe any surface (mirrors, walls, windows, elevators, whiteboards, etc.)

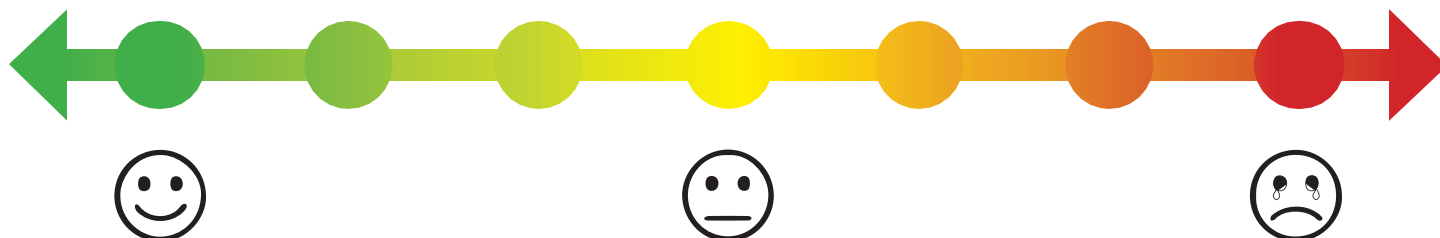
QUESTION 2

Make an "X" on ONE body part on either the front or the back of the body below that feels the most discomfort while doing this work.



QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



WORK NAME: Scrape Floor



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QUESTION 1

I do this work with no discomfort.

Make an "X" here _____ and go to the next set of pictures.

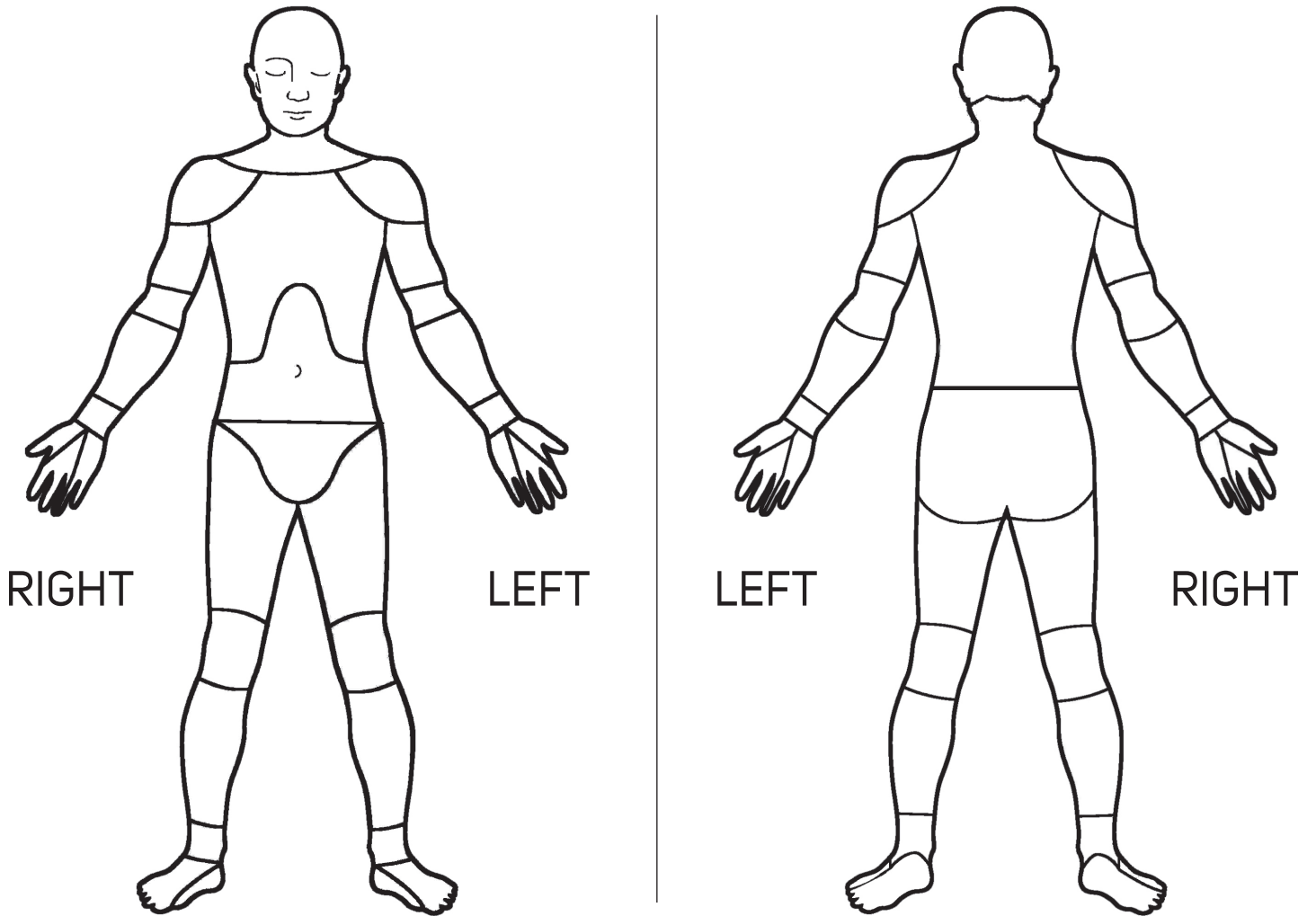
– OR –

I feel discomfort when I do this work.

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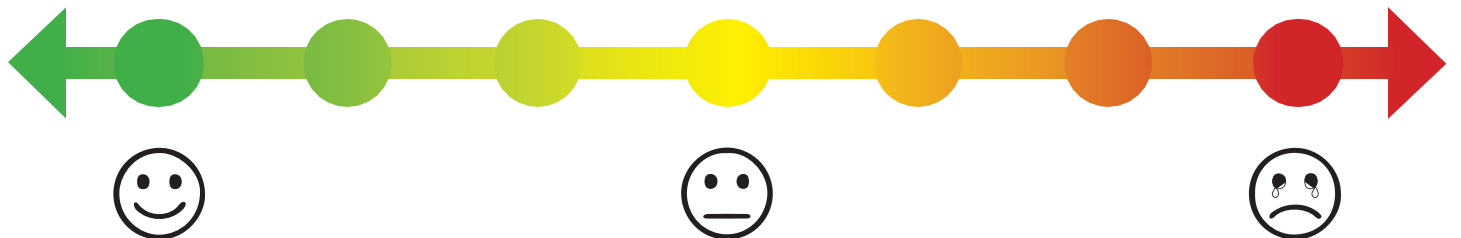
QUESTION 2

Make an "X" on ONE body part on either the front or the back of the body below that feels the most discomfort while doing this work.



QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



WORK NAME: Vacuum Backpack



Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.

QUESTION 1

I do this work with no discomfort.

Make an "X" here ____ and go to the next set of pictures.

– OR –

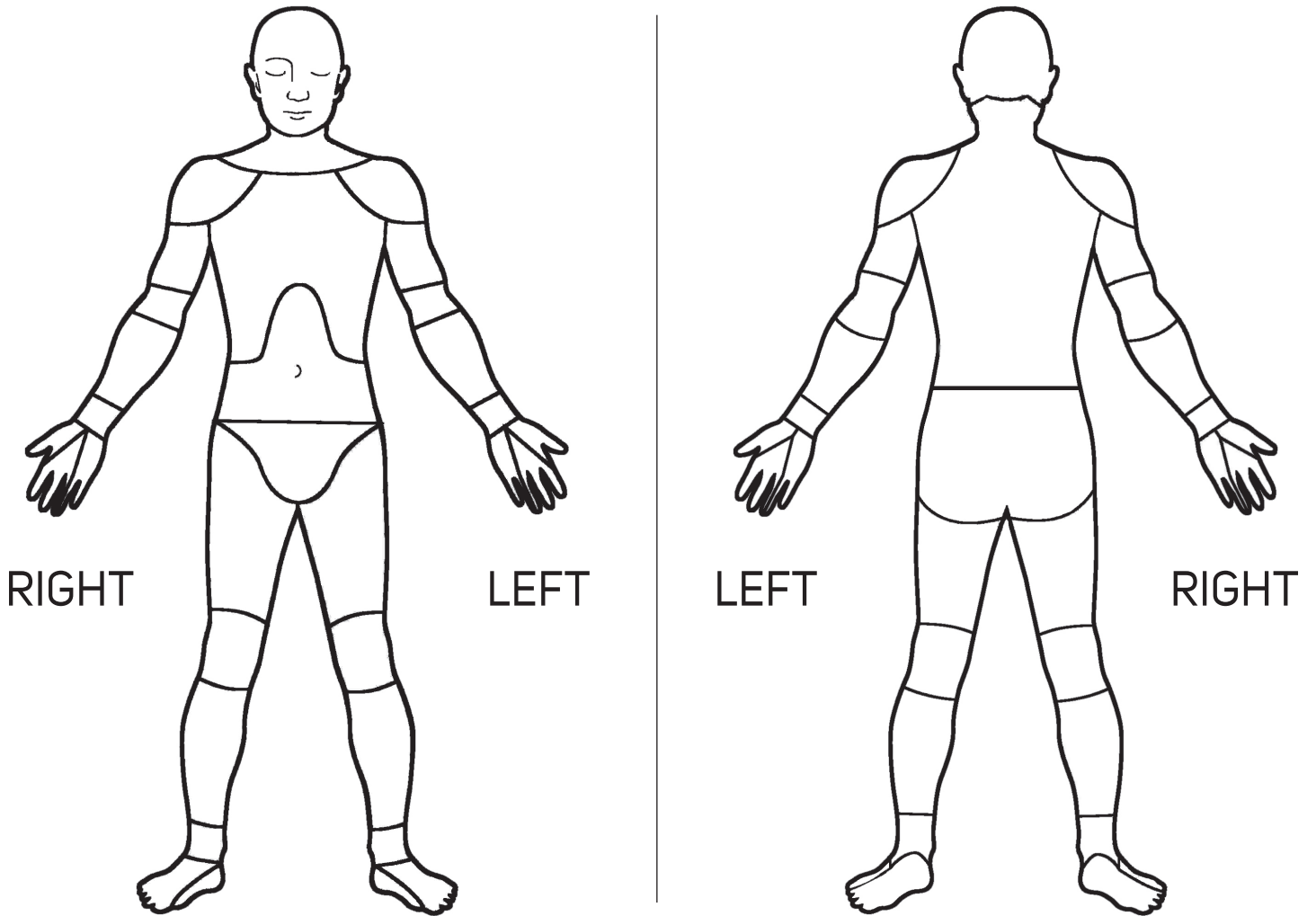
I feel discomfort when I do this work.

Circle only one picture above showing the work that causes you to feel the most discomfort.

WORK NAME: Vacuum Backpack

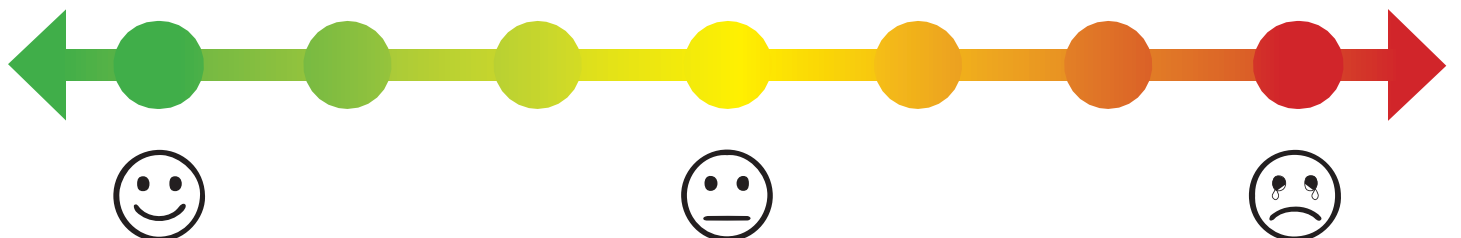
QUESTION 2

Make an "X" on ONE body part on either the front or the back of the body below that feels the most discomfort while doing this work.



QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



WORK NAME: Vacuum



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QUESTION 1

I do this work with no discomfort.

Make an "X" here ____ and go to the next set of pictures.

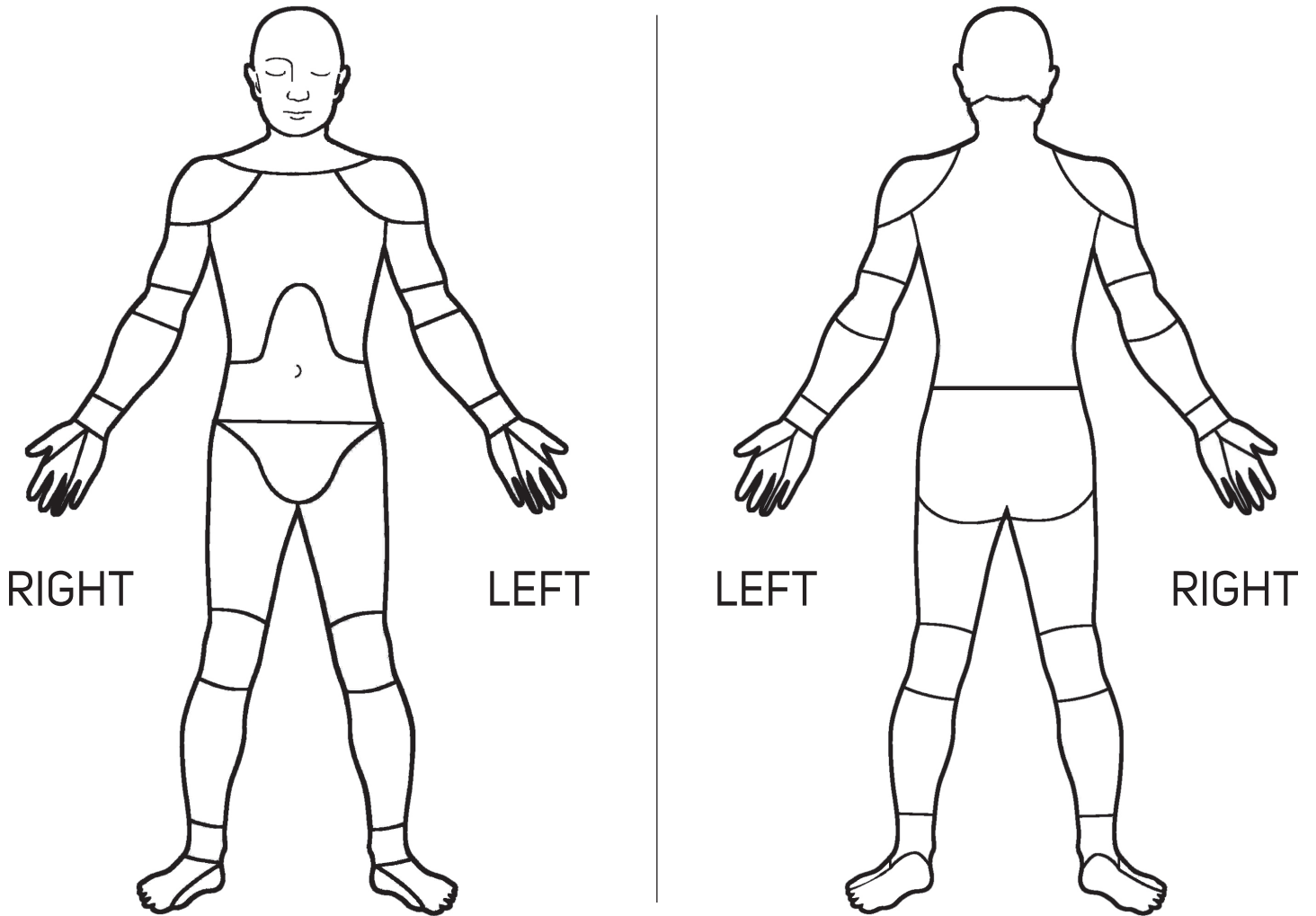
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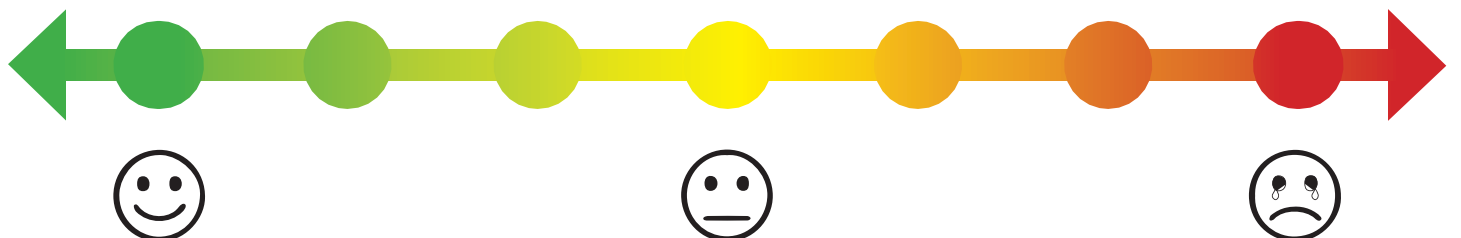
QUESTION 2

Make an "X" on ONE body part on either the front or the back of the body below that feels the most discomfort while doing this work.



QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



WORK NAME: Picking up and dumping garbage



Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.

QUESTION 1

I do this work with no discomfort.

Make an "X" here ____ and go to the next set of pictures.

- OR -

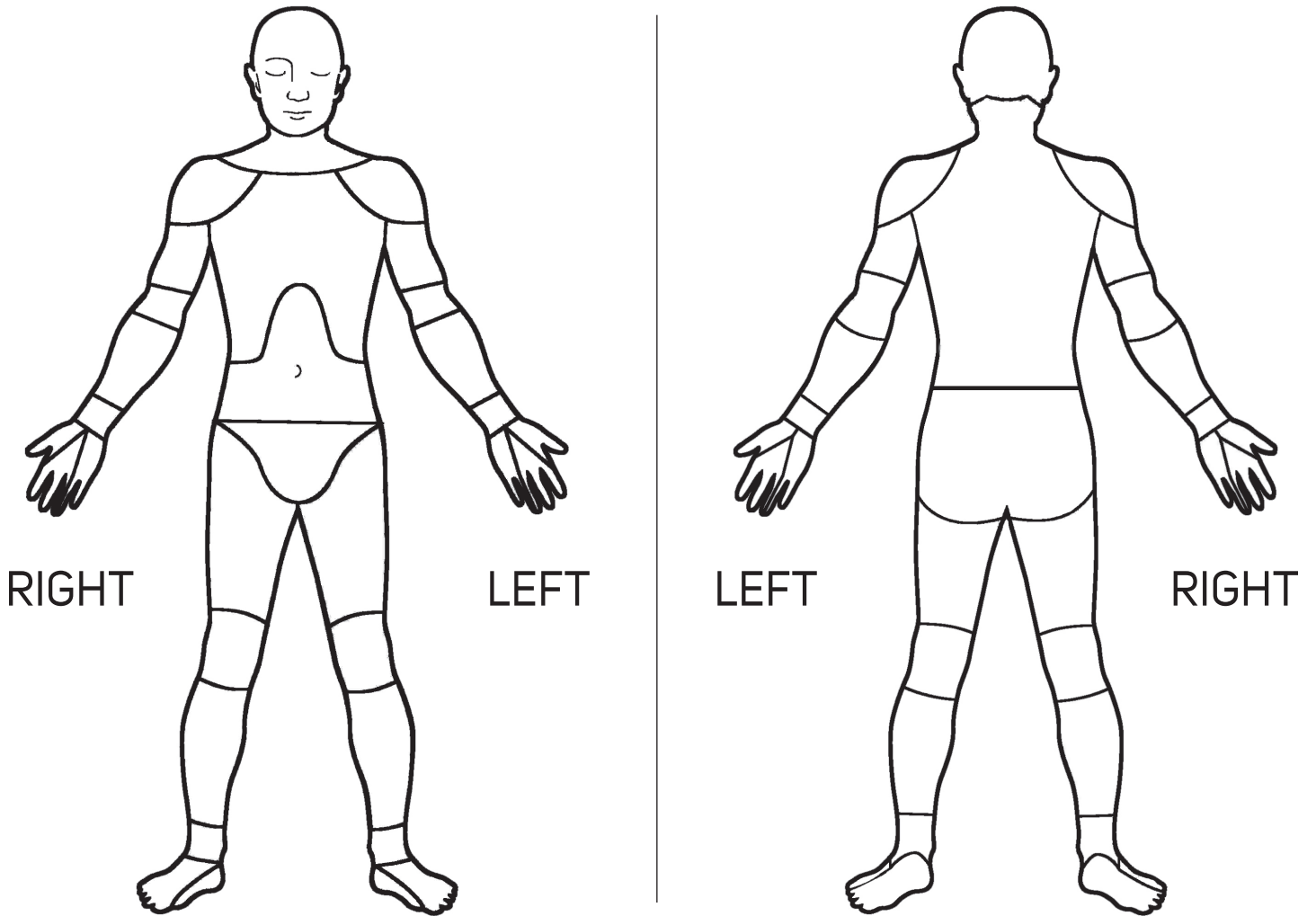
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WORK NAME: Picking up and dumping garbage

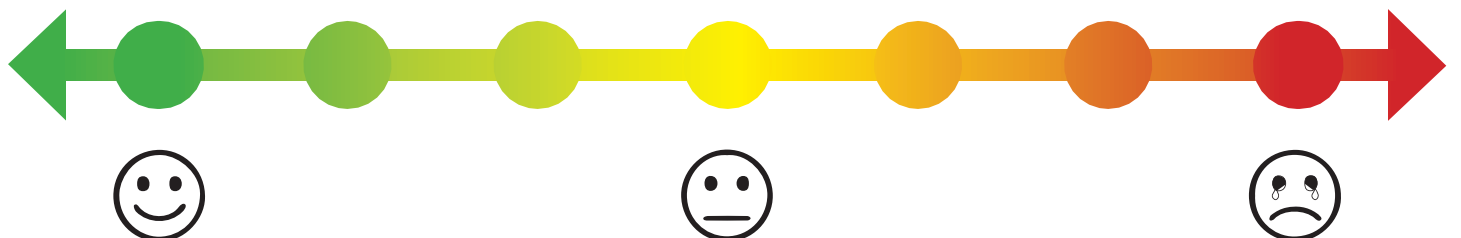
QUESTION 2

Make an "X" on ONE body part on either the front or the back of the body below that feels the most discomfort while doing this work.



QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



WORK NAME: Picking up garbage from floor



Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.

QUESTION 1

I do this work with no discomfort.

Make an "X" here ____ and go to the next set of pictures.

– OR –

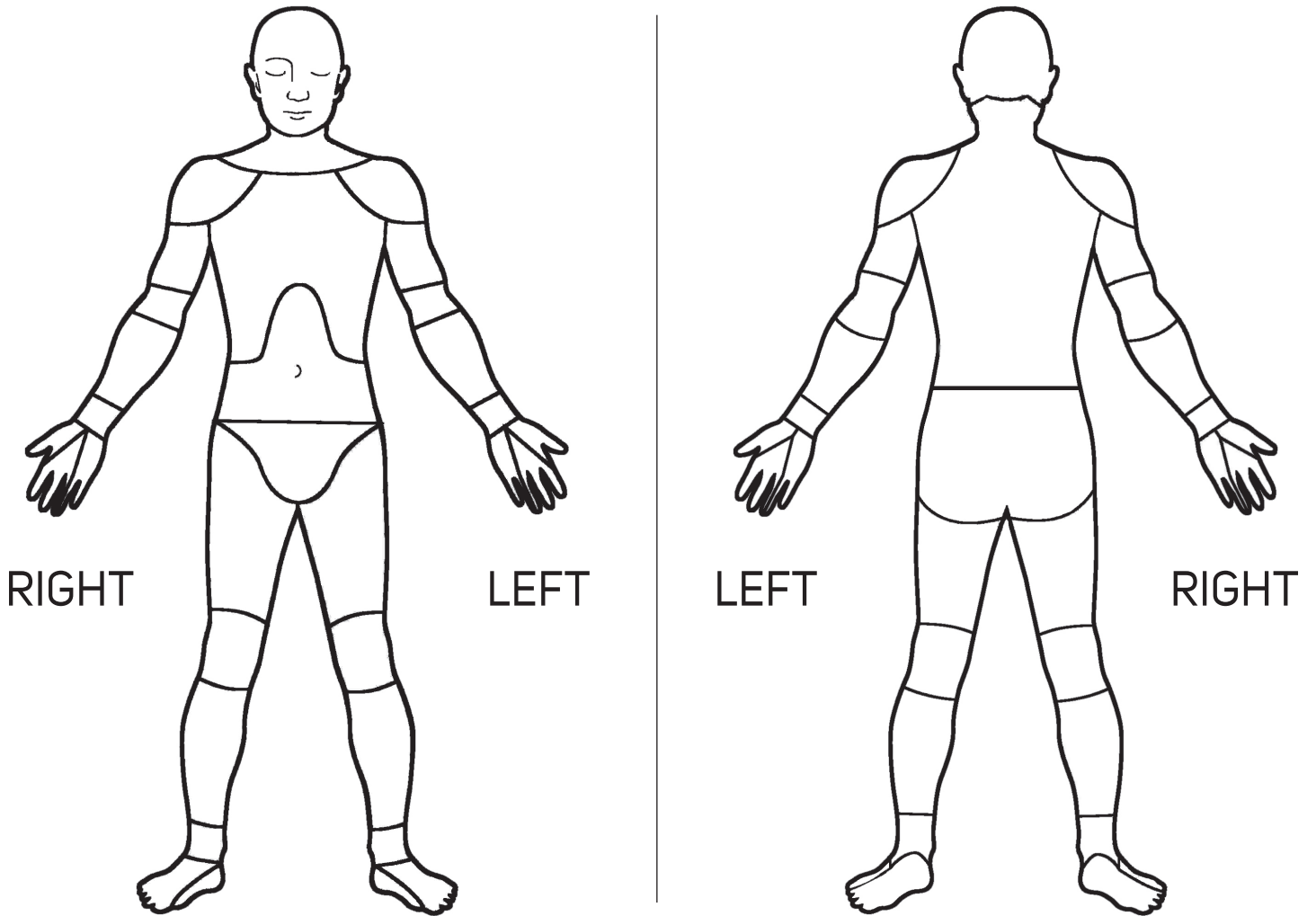
I feel discomfort when I do this work.

Circle only one picture above showing the work that causes you to feel the most discomfort.

WORK NAME: Picking up garbage from floor

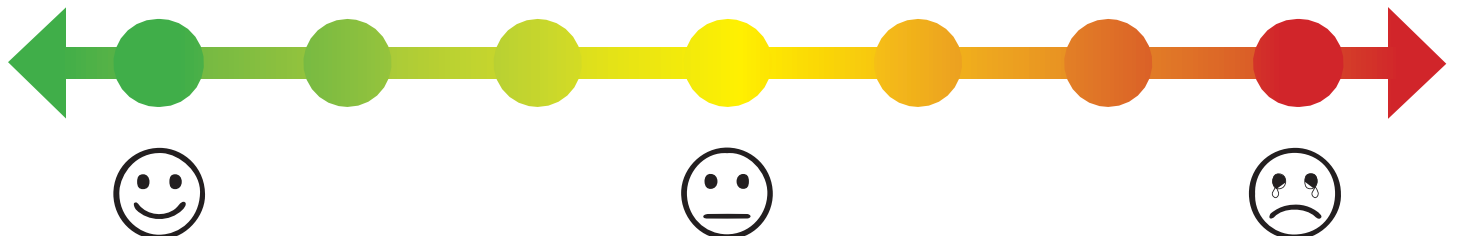
QUESTION 2

Make an "X" on ONE body part on either the front or the back of the body below that feels the most discomfort while doing this work.



QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



WORK NAME: Wet Mop



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QUESTION 1

I do this work with no discomfort.

Make an "X" here _____ and go to the next set of pictures.

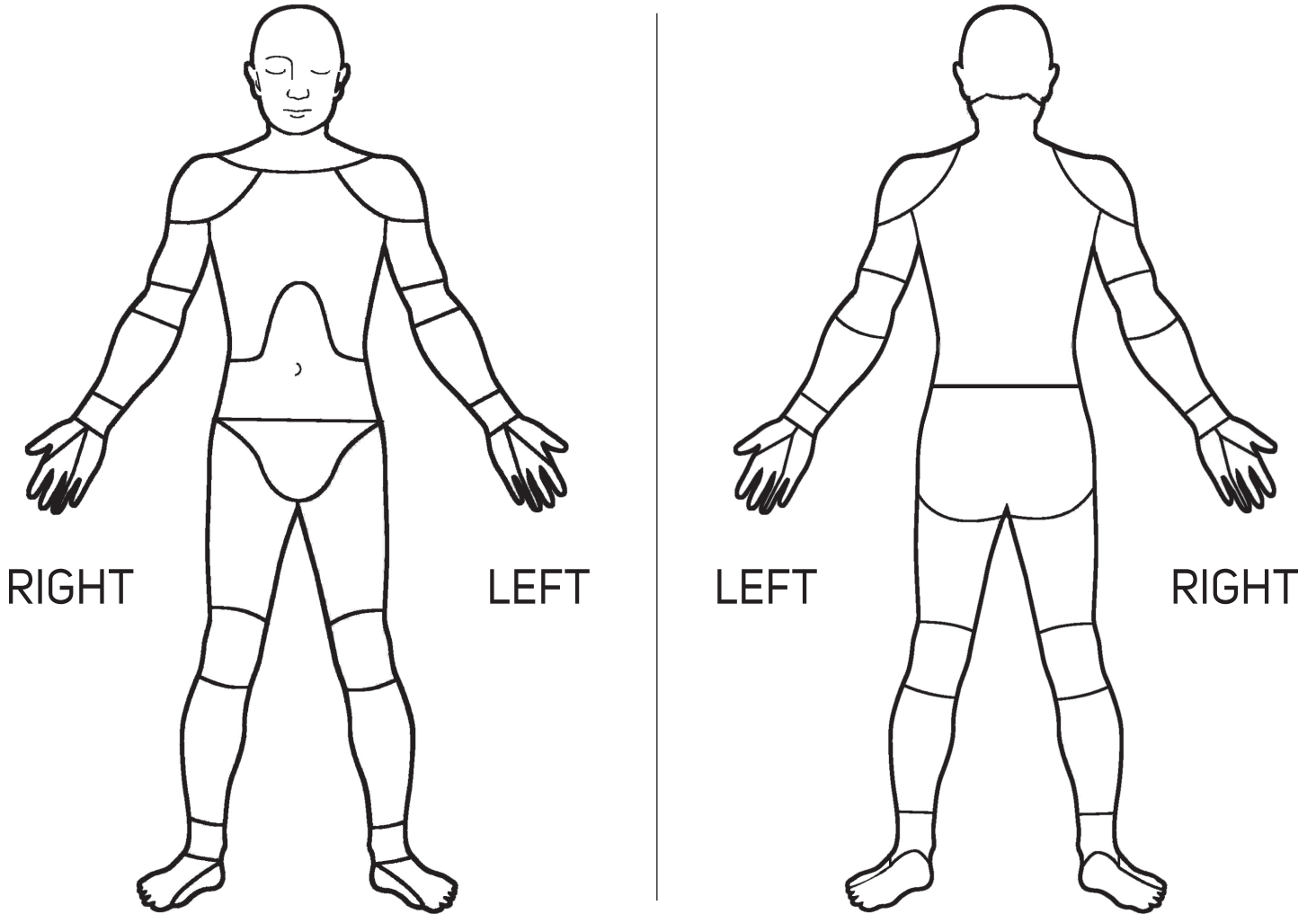
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I feel discomfort when I do this work.

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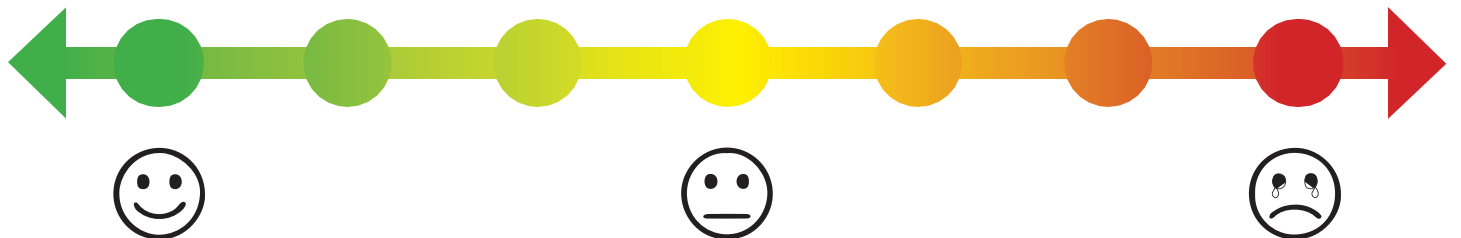
QUESTION 2

Make an "X" on ONE body part on either the front or the back of the body below that feels the most discomfort while doing this work.



QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



WORK NAME: Floor scrubbing or floor stripping



Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.

QUESTION 1

I do this work with no discomfort.

Make an "X" here ____ and go to the next set of pictures.

– OR –

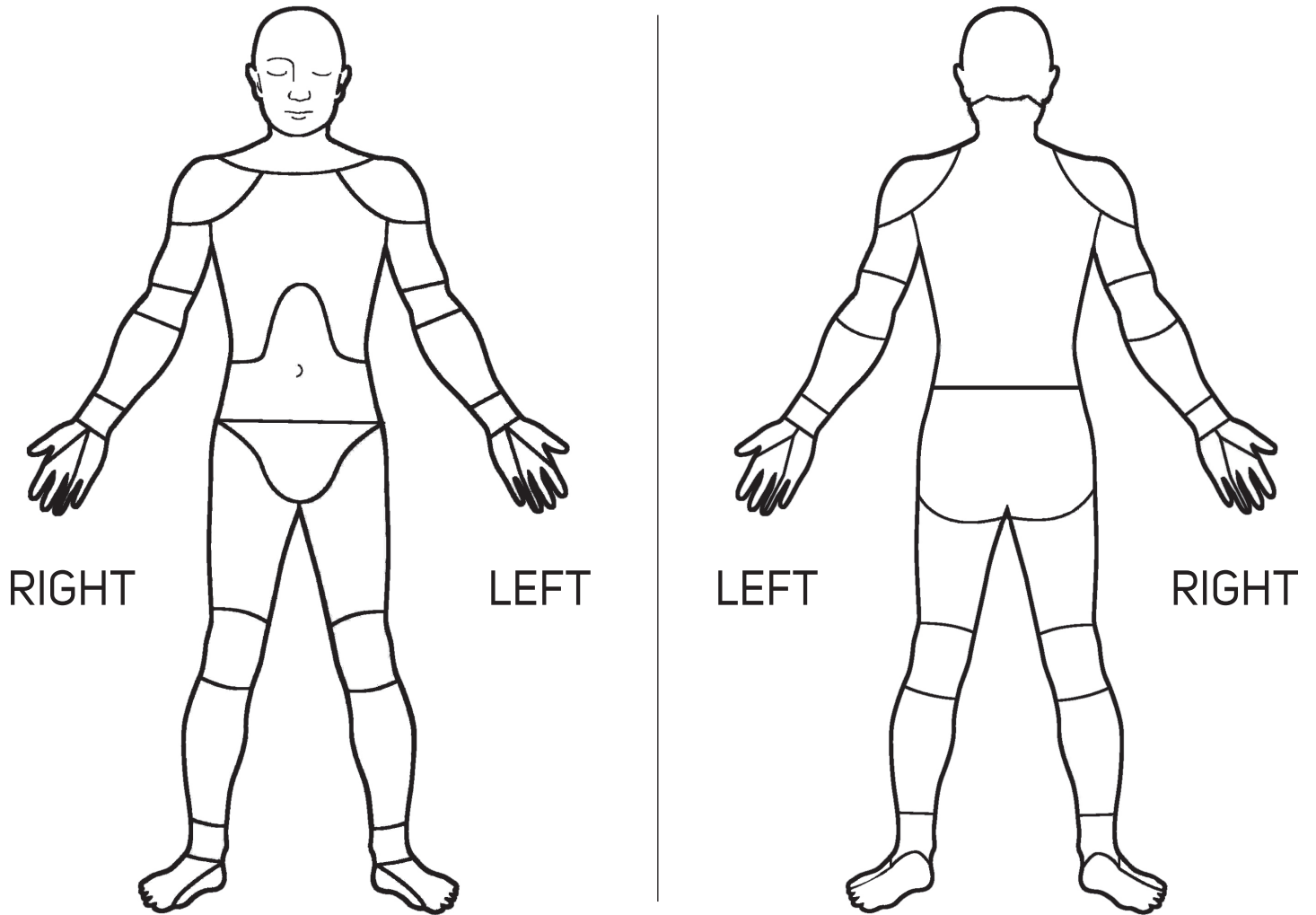
I feel discomfort when I do this work.

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WORK NAME: Floor scrubbing or floor stripping

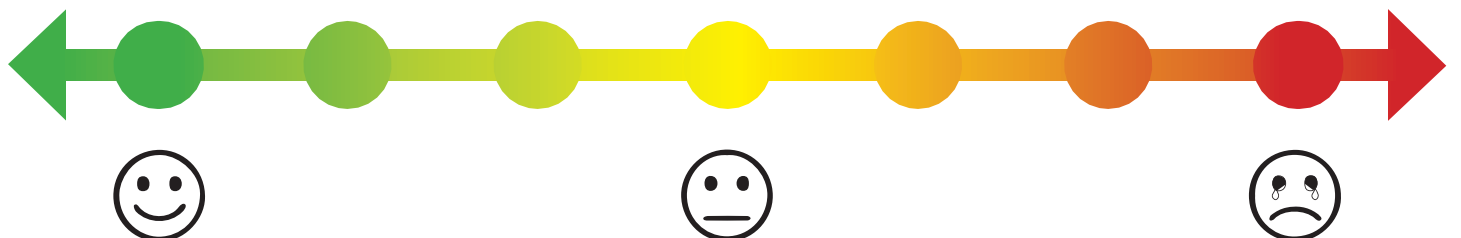
QUESTION 2

Make an "X" on ONE body part on either the front or the back of the body below that feels the most discomfort while doing this work.



QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



WORK NAME: Picking up recycling



Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.

QUESTION 1

I do this work with no discomfort.

Make an "X" here ____ and go to the next set of pictures.

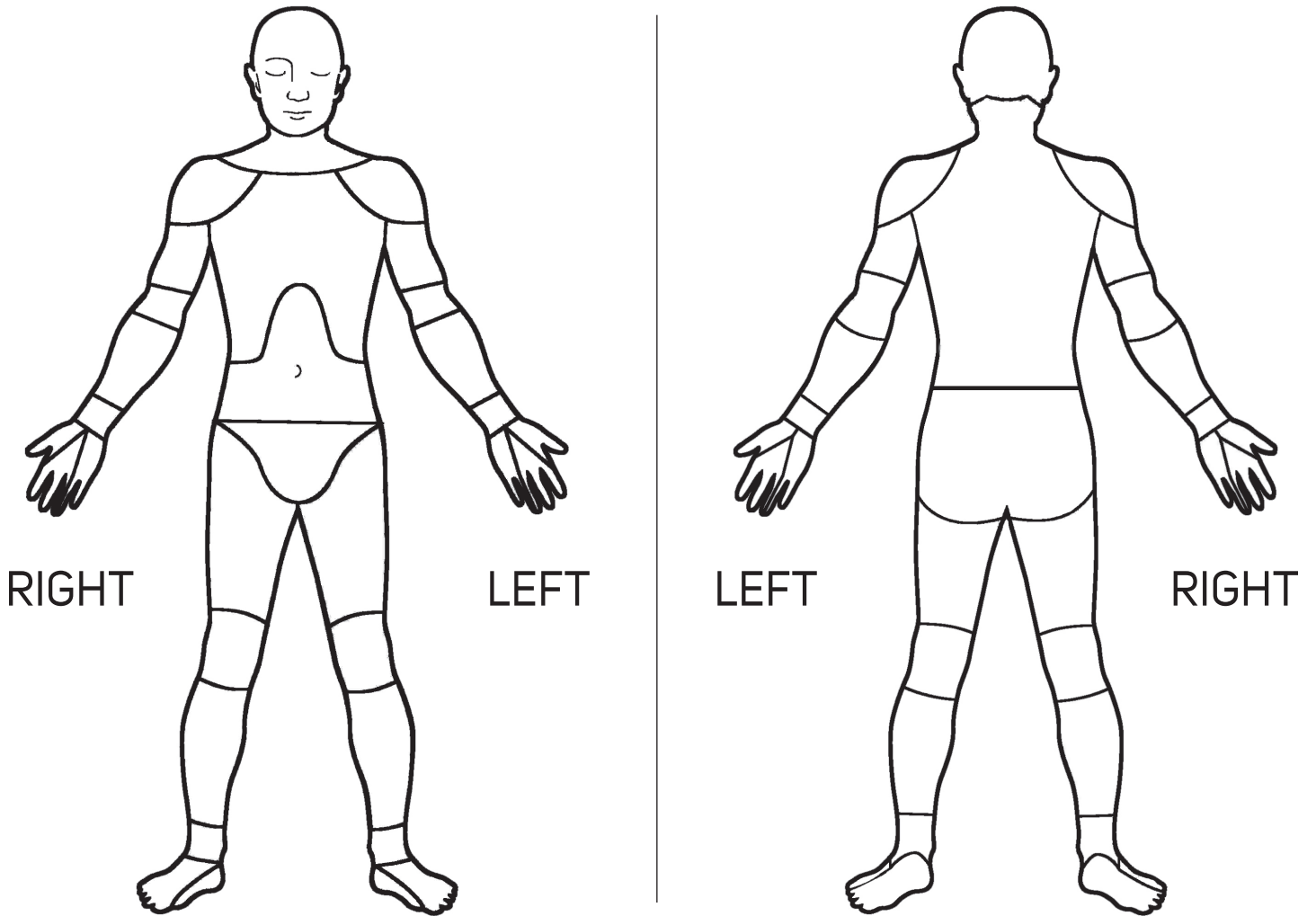
– OR –

I feel discomfort when I do this work.

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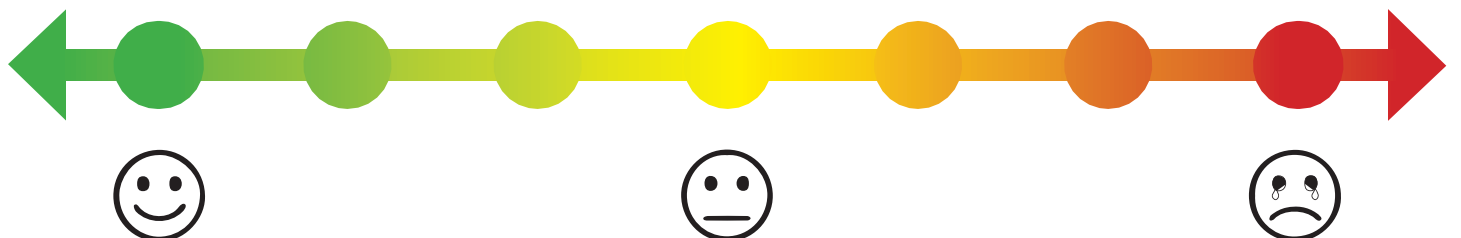
QUESTION 2

Make an "X" on ONE body part on either the front or the back of the body below that feels the most discomfort while doing this work.



QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



WORK NAME: Picking up garbage from classrooms and public areas



Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.

QUESTION 1

I do this work with no discomfort.

Make an "X" here ____ and go to the next set of pictures.

- OR -

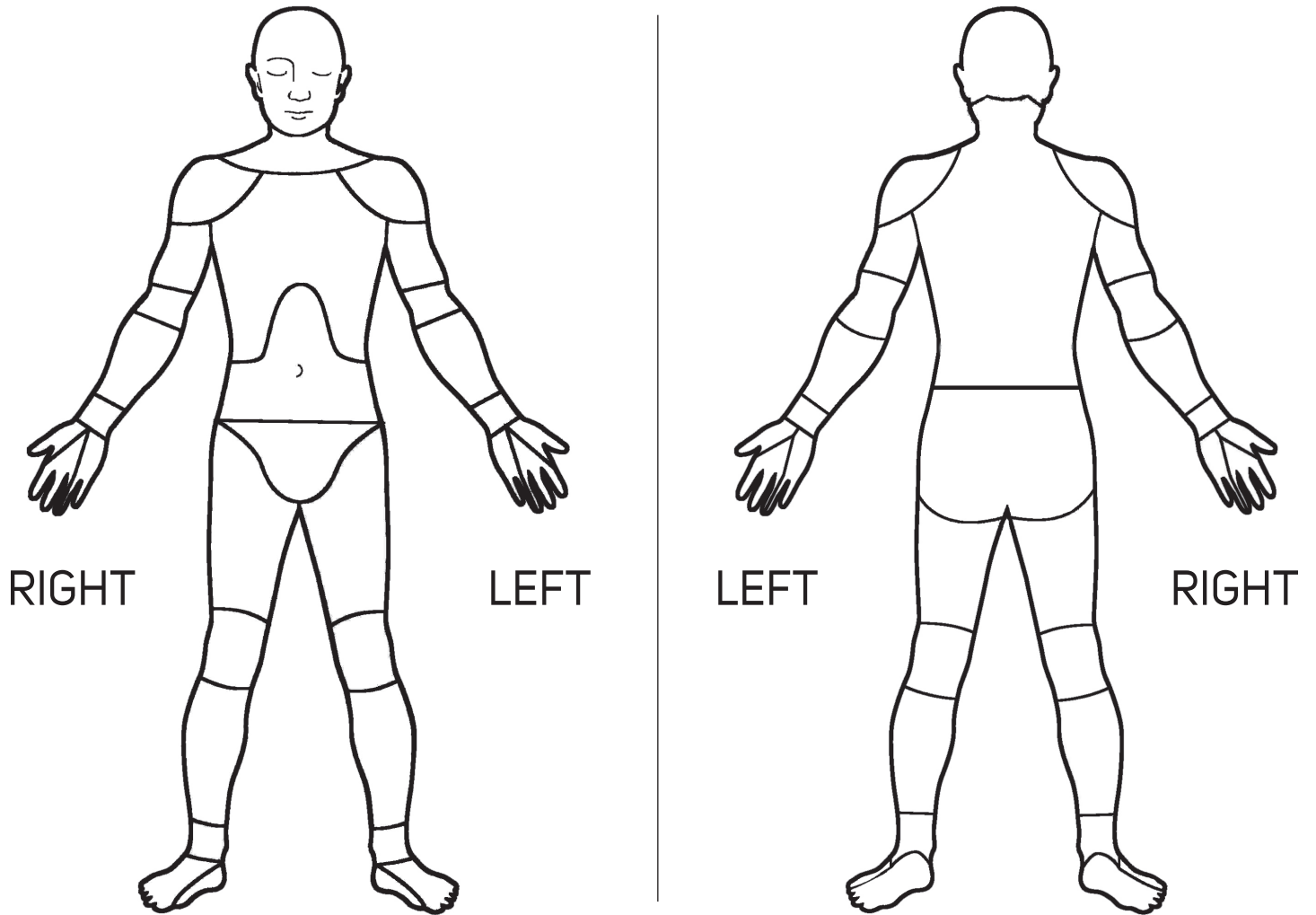
I feel discomfort when I do this work.

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WORK NAME: Picking up garbage from classrooms and public areas

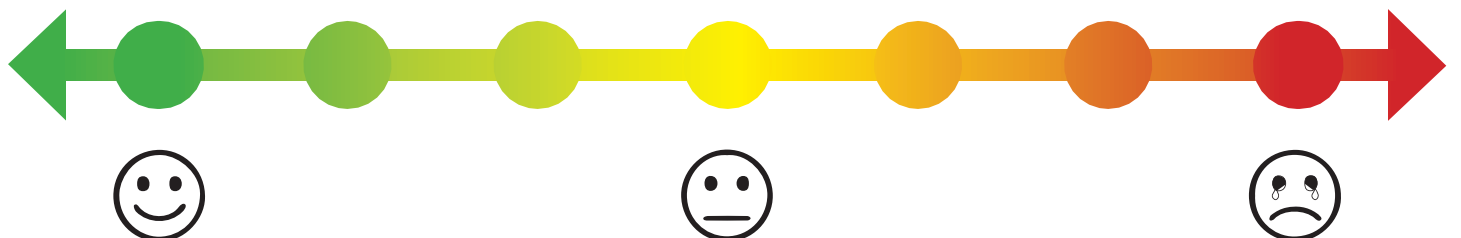
QUESTION 2

Make an "X" on ONE body part on either the front or the back of the body below that feels the most discomfort while doing this work.



QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



WORK NAME: Dust Mop



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QUESTION 1

I do this work with no discomfort.

Make an "X" here ____ and go to the next set of pictures.

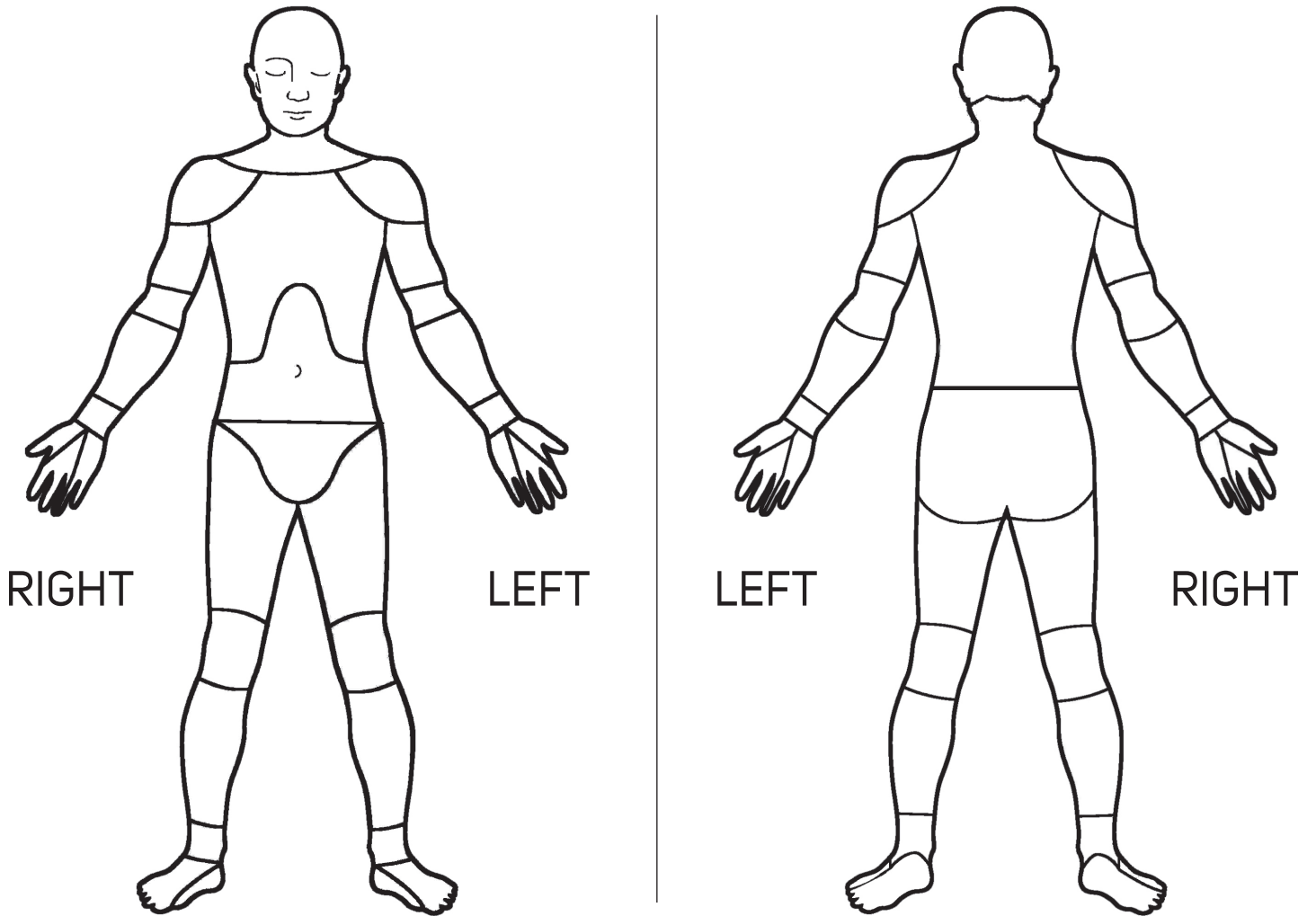
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I feel discomfort when I do this work.

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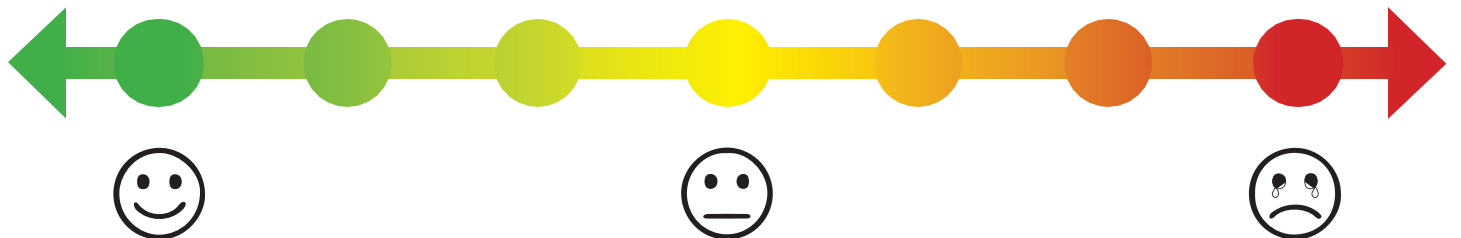
QUESTION 2

Make an "X" on ONE body part on either the front or the back of the body below that feels the most discomfort while doing this work.



QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



WORK NAME: Dump garbage from barrels



Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.

QUESTION 1

I do this work with no discomfort.

Make an "X" here ____ and go to the next set of pictures.

- OR -

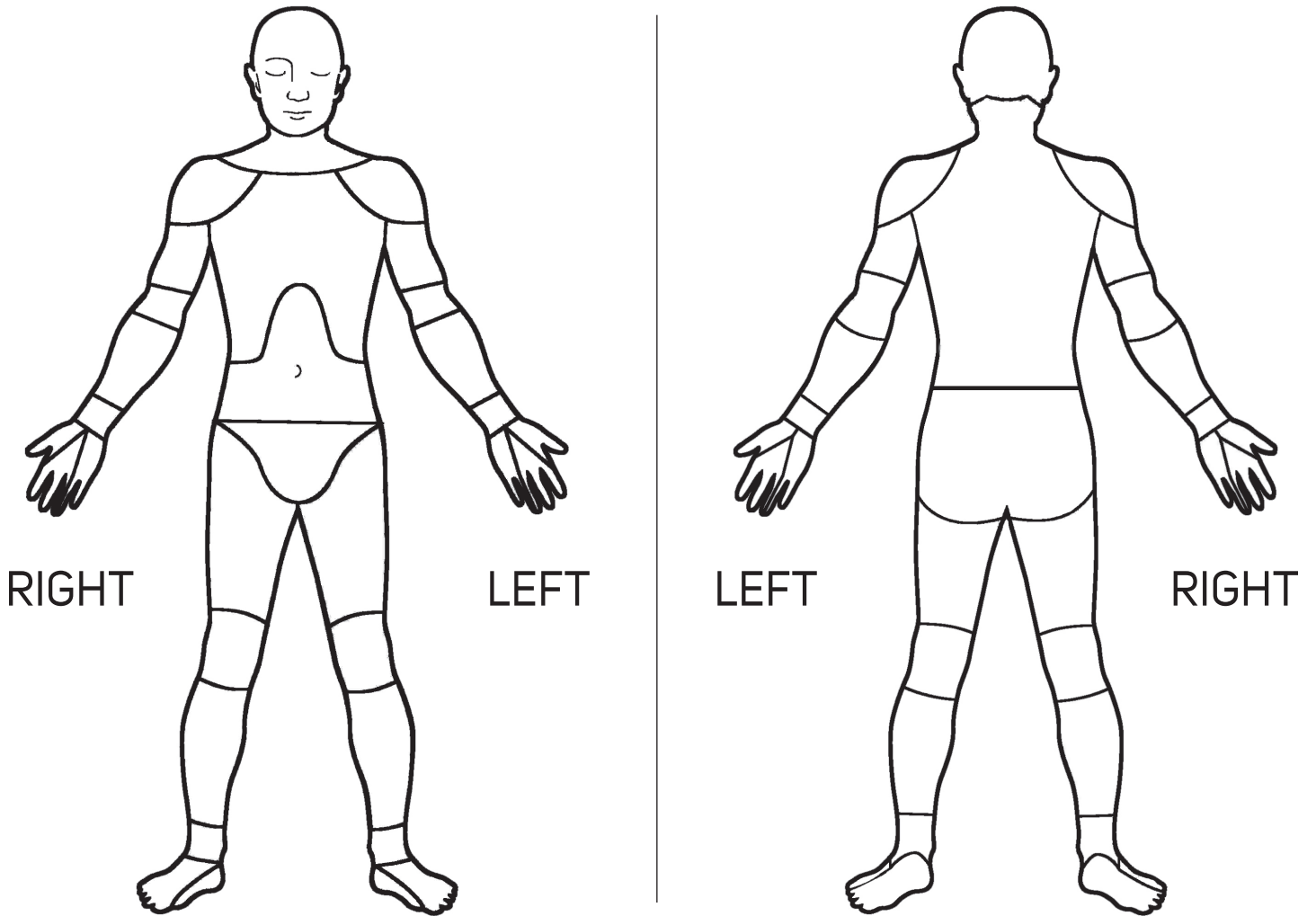
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WORK NAME: Dump garbage from barrels

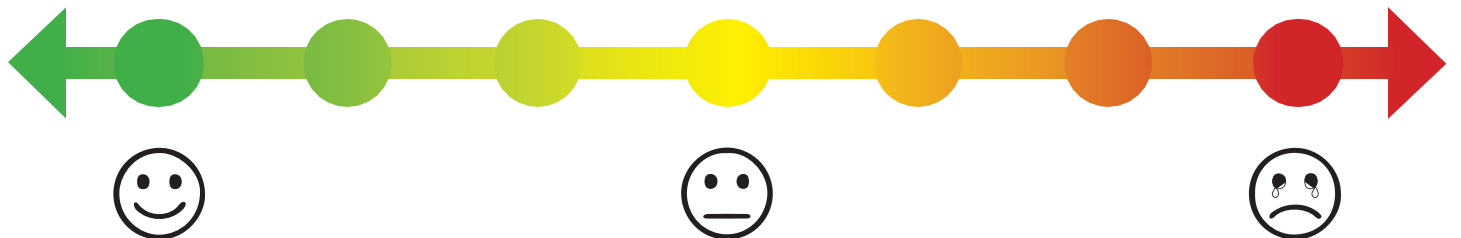
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QUESTION 3

How much discomfort do you feel in the one body part you chose above?
Circle one point on the line below.



If you would like to give us additional information about this work or any other work that you do, please write your comments here:

End of survey. Thank you for participating!