

POST-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

WORK NAME: CLEANING INSIDE TOILET



OLD TOOL



NEW TOOL

QUESTION 1

DID YOU RECEIVE TRAINING TO USE THE NEW TOOL?
_____ YES _____ NO

DID YOU UNDERSTAND THE TRAINING?
_____ YES _____ NO
_____ WAS NOT TRAINED

HOW OFTEN ARE YOU USING THE NEW TOOL? (Circle one)
Never Sometimes Always

If you are using the tool "NEVER" or "SOMETIMES", please choose the reasons below:
_____ I don't do this work.
_____ I did not receive the new tool.
_____ It takes more time.
_____ It feels awkward.
_____ Other reason: (explain) _____

If you "NEVER," use the tool, please STOP. Turn to page 4 showing VACUUM BACKPACK.

If you "SOMETIMES" use the tool, please continue.

I FEEL DISCOMFORT WHEN I USE THE NEW TOOL.
_____ YES _____ NO
(Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.)

If "YES" please CONTINUE to page 3 showing the body pictures.

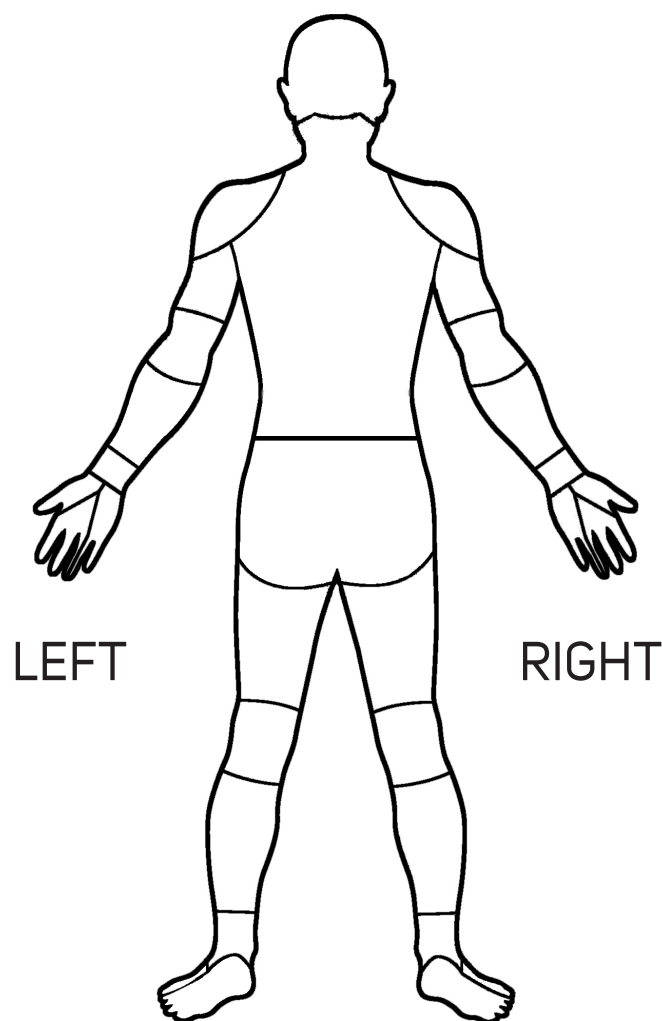
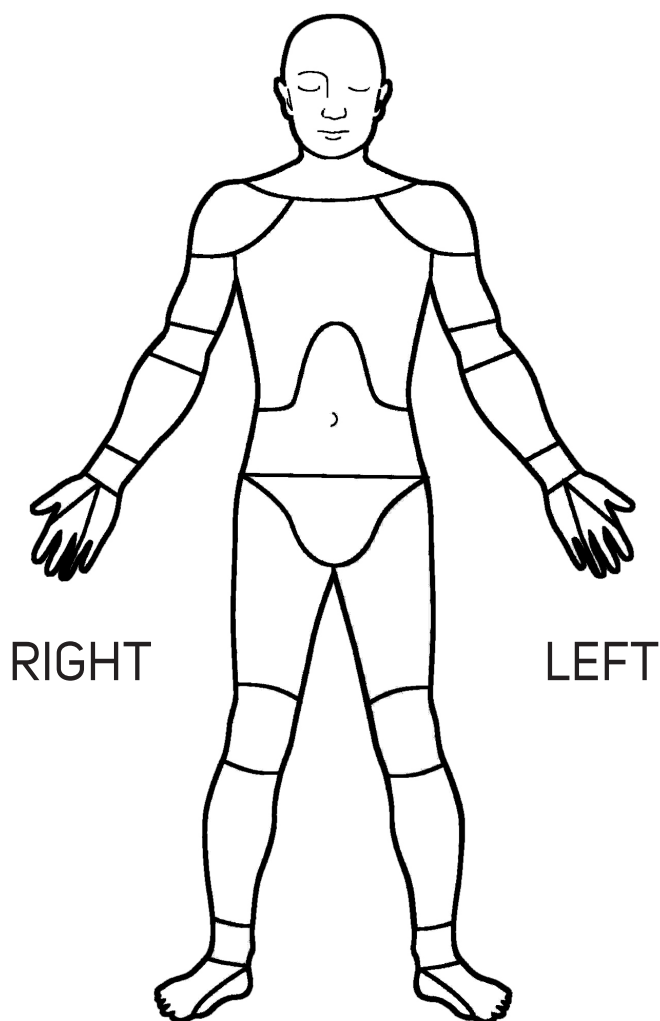
If "NO" please STOP. Turn to page 4 showing VACUUM BACKPACK.

PHOTO CREDIT: Debra Milek

WORK NAME: CLEANING INSIDE TOILET

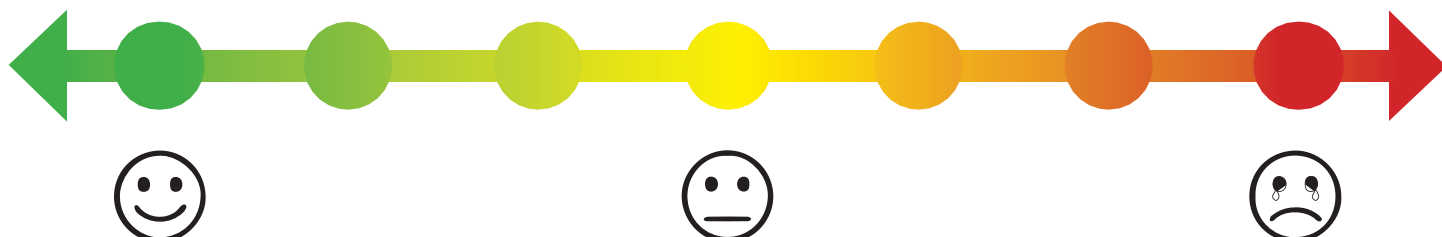
QUESTION 2

Make an "X" on ONE body part on either the FRONT or the BACK of the body below that feels the most discomfort when you do 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.



Please go on to the next page →

WORK NAME: VACUUM BACKPACK





QUESTION 1

DID YOU RECEIVE TRAINING ON THE NEW WAY TO USE THE HARNESS ON THE VACUUM BACKPACK?
____ YES ____ NO

DID YOU UNDERSTAND THE TRAINING?
____ YES ____ NO
____ WAS NOT TRAINED

HOW OFTEN ARE YOU USING THE HARNESS ON THE VACUUM BACKPACK IN THE NEW WAY? (Circle one)
Never Sometimes Always

IF YOU USE THE HARNESS IN THE NEW WAY "NEVER" or "SOMETIMES", PLEASE CHOOSE THE REASONS BELOW:
____ I don't do this work.
____ I need a new harness or backpack vacuum.
____ It takes more time.
____ It feels awkward.
____ Other reason: (explain) _____

If you "NEVER," use the tool,  please STOP.  Turn to page 6 showing SCRAPING FLOORS.

If you "SOMETIMES" use the tool, please continue.

I FEEL DISCOMFORT WHEN I USE THE VACUUM BACKPACK.
____ YES ____ NO
(Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.)

If "YES" please CONTINUE to page 5 showing the body pictures.



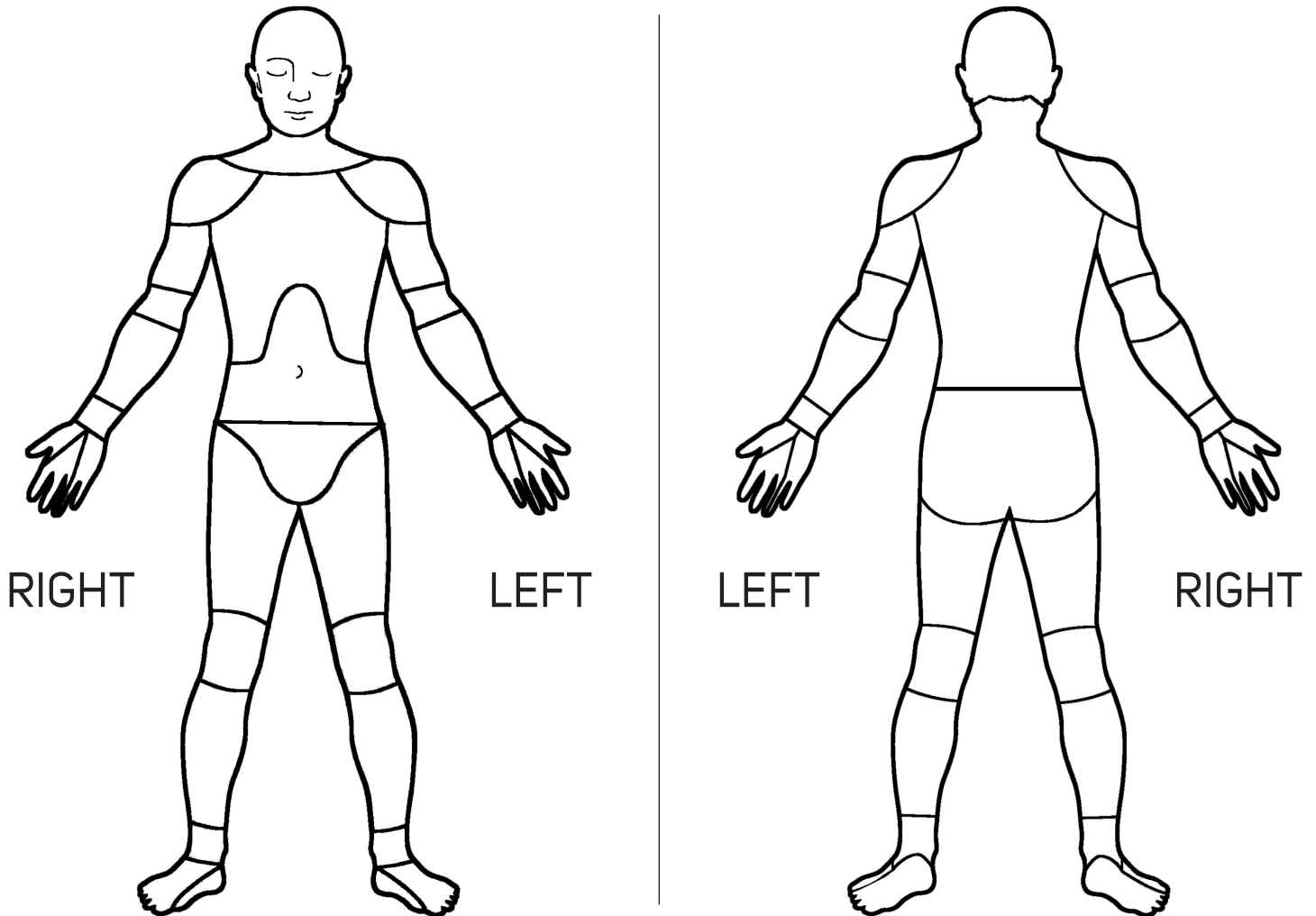
 If "NO" please STOP.  Turn to page 6 showing SCRAPING FLOORS.

PHOTO CREDIT: Debra Milek

WORK NAME: VACUUM BACKPACK

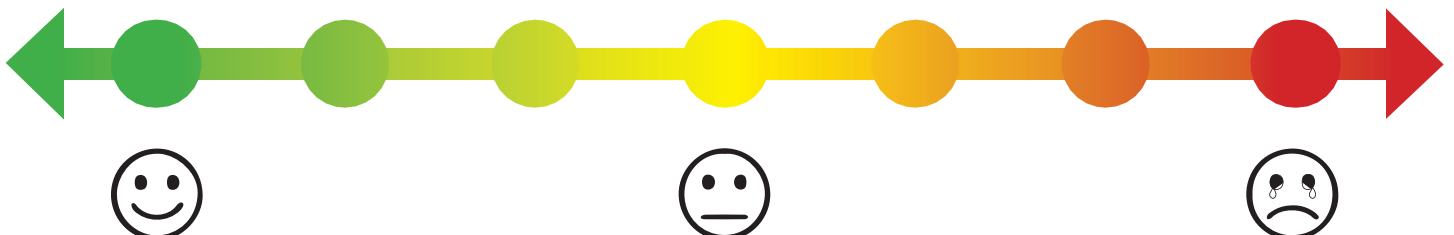
QUESTION 2

Make an "X" on ONE body part on either the FRONT or the BACK of the body below that feels the most discomfort when you do this work.



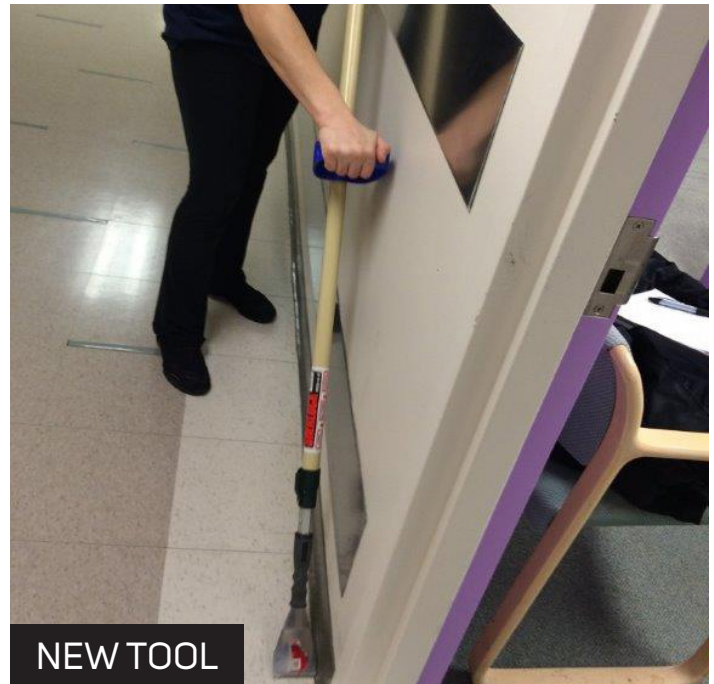
QUESTION 3

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



Please go on to the next page →

WORK NAME: SCRAPING FLOORS



QUESTION 1

DID YOU RECEIVE TRAINING TO USE THE NEW TOOL?
_____ YES _____ NO

DID YOU UNDERSTAND THE TRAINING?
_____ YES _____ NO
_____ WAS NOT TRAINED

HOW OFTEN ARE YOU USING THE NEW TOOL? (Circle one)
Never Sometimes Always

If you are using the tool "NEVER" or "SOMETIMES", please choose the reasons below:
_____ I don't do this work.
_____ I did not receive the new tool.
_____ It takes more time.
_____ It feels awkward.
_____ Other reason: (explain) _____

If you "NEVER," use the tool, please STOP. Turn to page 8 showing PICK UP GARBAGE FROM THE FLOOR.

If you "SOMETIMES" use the tool, please continue.

I FEEL DISCOMFORT WHEN I USE THE NEW TOOL.
_____ YES _____ NO
(Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.)

If "YES" please CONTINUE to page 7 showing the body pictures.

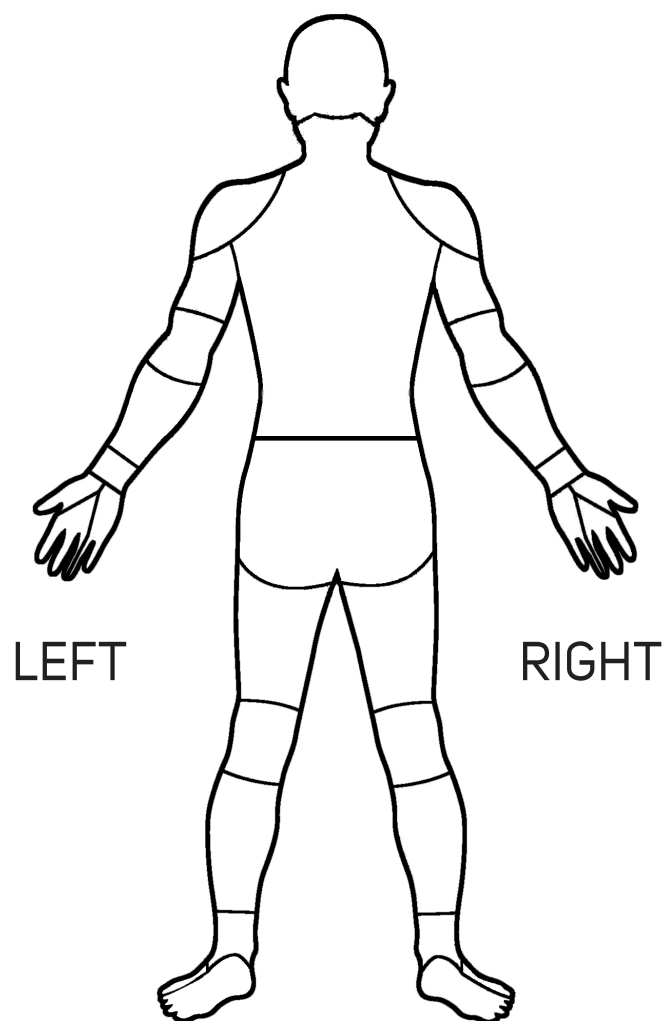
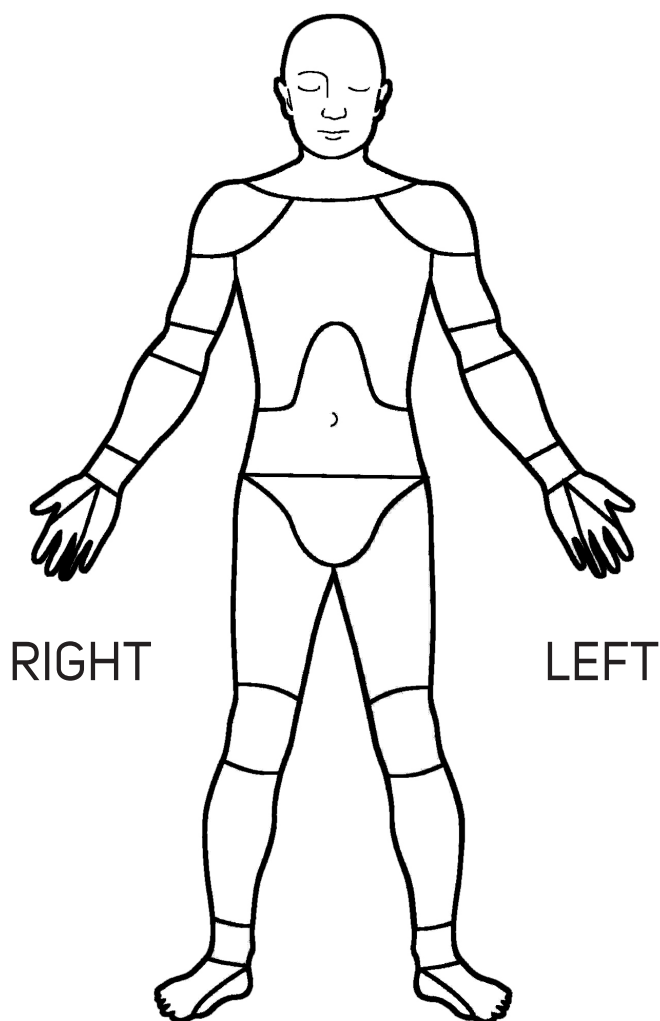
If "NO" please STOP. Turn to page 8 showing PICK UP GARBAGE FROM THE FLOOR.

PHOTO CREDIT: Karen Crow/Mike Nguyen

WORK NAME: SCRAPING FLOORS

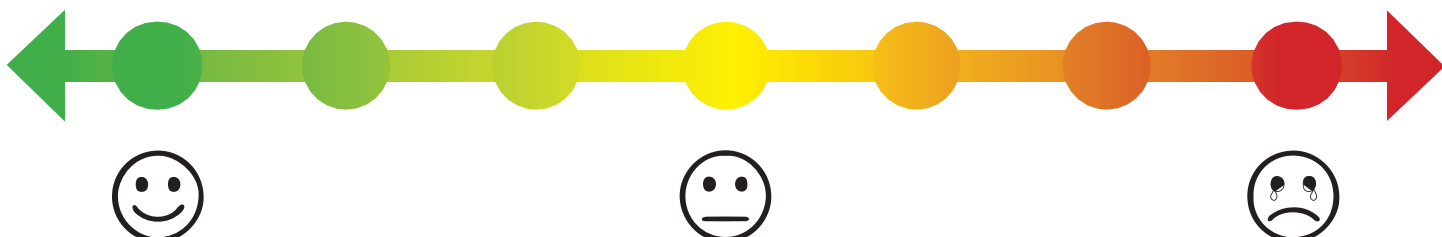
QUESTION 2

Make an "X" on ONE body part on either the FRONT or the BACK of the body below that feels the most discomfort when you do 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.



Please go on to the next page →

WORK NAME: PICKING UP GARBAGE FROM THE FLOOR





QUESTION 1

DID YOU RECEIVE TRAINING TO USE THE NEW TOOL?
_____ YES _____ NO

DID YOU UNDERSTAND THE TRAINING?
_____ YES _____ NO
_____ WAS NOT TRAINED

HOW OFTEN ARE YOU USING THE NEW TOOL? (Circle one)
Never Sometimes Always

If you are using the tool "NEVER" or "SOMETIMES", please choose the reasons below:
_____ I don't do this work.
_____ I did not receive the new tool.
_____ It takes more time.
_____ It feels awkward.
_____ Other reason: (explain) _____

If you "NEVER," use the tool,  please STOP. 
Turn to page 10 showing DUMPING GARBAGE.

If you "SOMETIMES" use the tool, please continue.

I FEEL DISCOMFORT WHEN I USE THE NEW TOOL.
_____ YES _____ NO
(Discomfort is aching, tiredness, tingling, soreness, a burning feeling, stiffness, cramping or a body part that feels "different" than other body parts.)

If "YES" please CONTINUE to page 9 showing the body pictures.



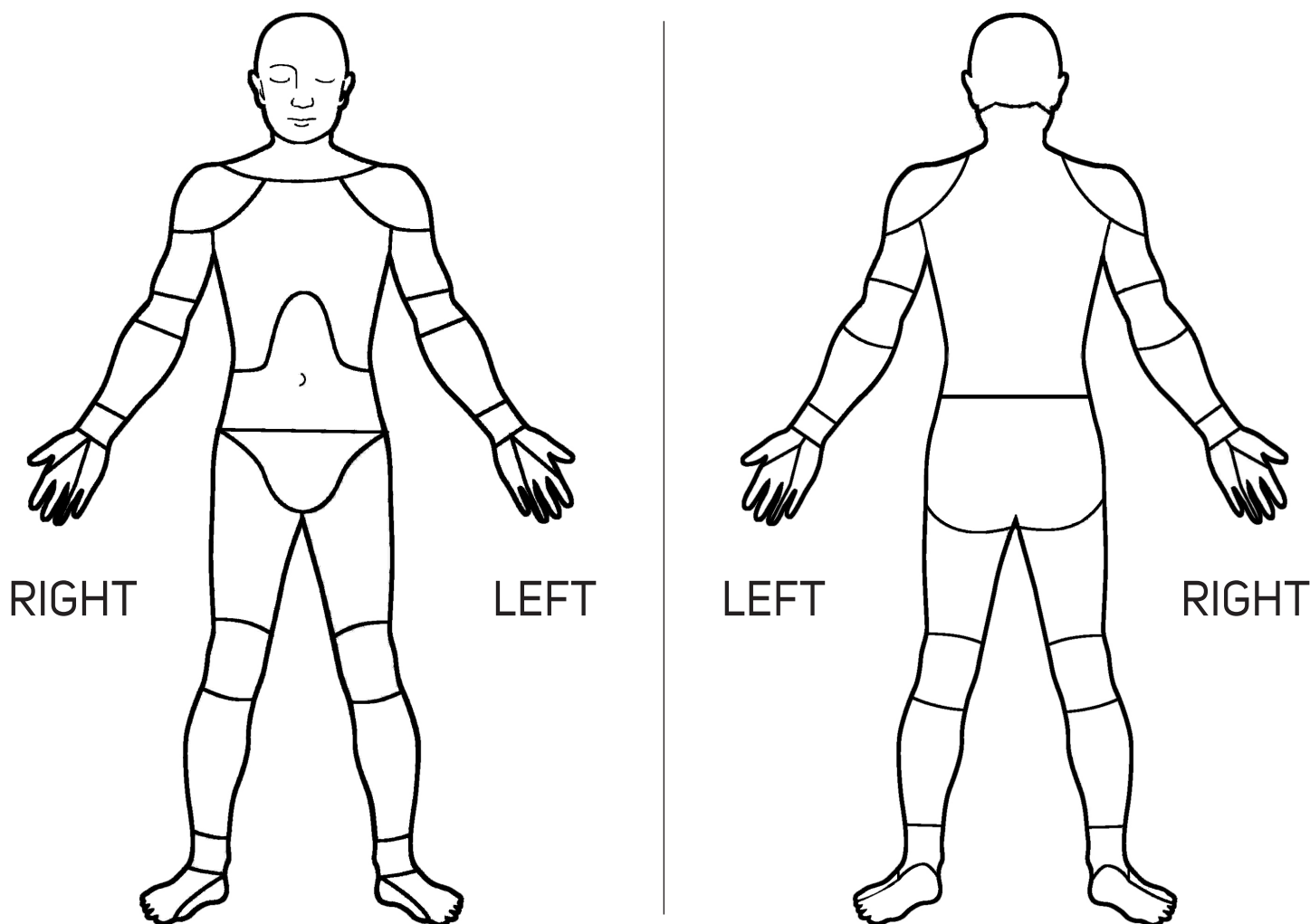
 If "NO" please STOP. 
Turn to page 10 showing DUMPING GARBAGE.

PHOTO CREDIT: Debra Milek

WORK NAME: PICKING UP GARBAGE FROM THE FLOOR

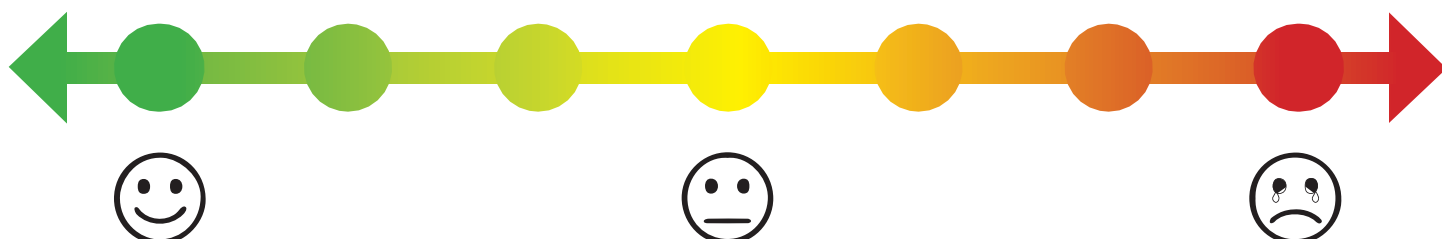
QUESTION 2

Make an "X" on ONE body part on either the FRONT or the BACK of the body below that feels the most discomfort when you do 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.



Please go on to the next page →

WORK NAME: 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

If you do this work with NO discomfort, Make an "X" here _____ and STOP.
Turn to page 12 showing WIPE ANY SURFACE.



-OR-

If you feel discomfort when you do this work, Make an "X" here _____.

Mark the picture above that shows the work that causes you to feel the most discomfort.

Please CONTINUE to page 11 showing body pictures.

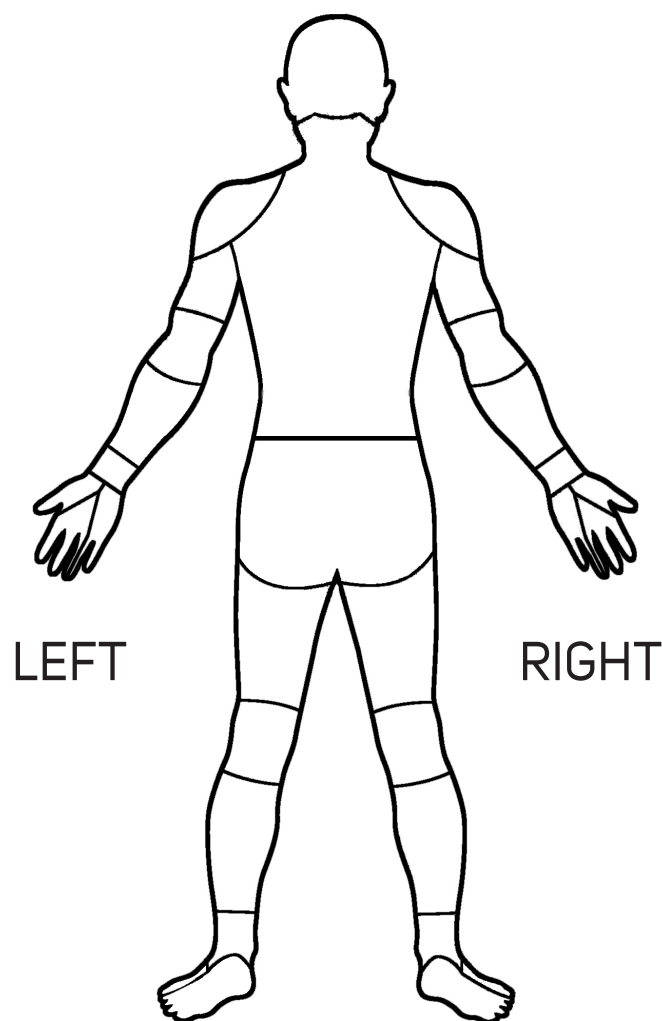
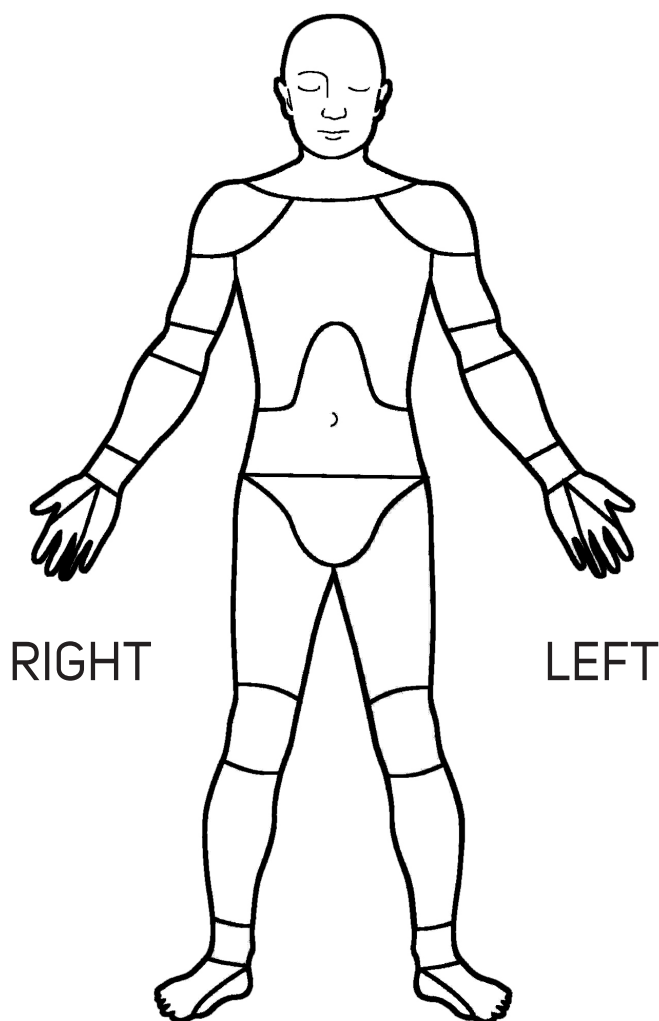


PHOTO CREDIT: Allison Nitch

WORK NAME: DUMPING GARBAGE

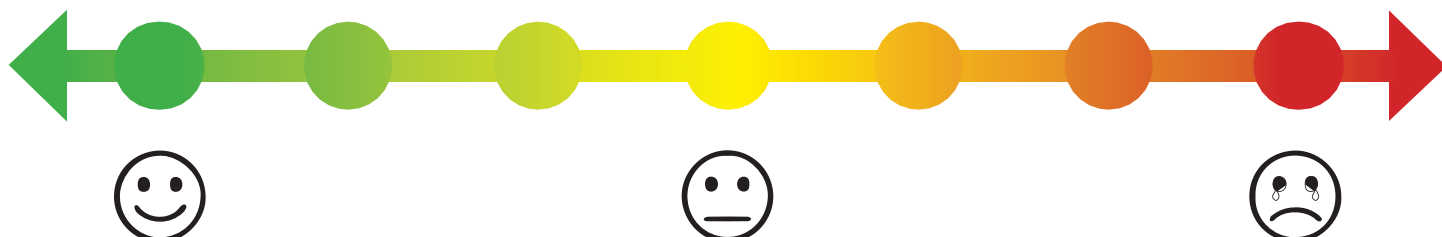
QUESTION 2

Make an "X" on ONE body part on either the FRONT or the BACK of the body below that feels the most discomfort when you do 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.



Please go on to the next page →

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

If you do this work with NO discomfort, Make an "X" here _____ and STOP.
Turn to page 14 showing MOVING FURNITURE.



-OR-

If you feel discomfort when you do this work, Make an "X" here _____.

Mark the picture above that shows the work that causes you to feel the most discomfort.

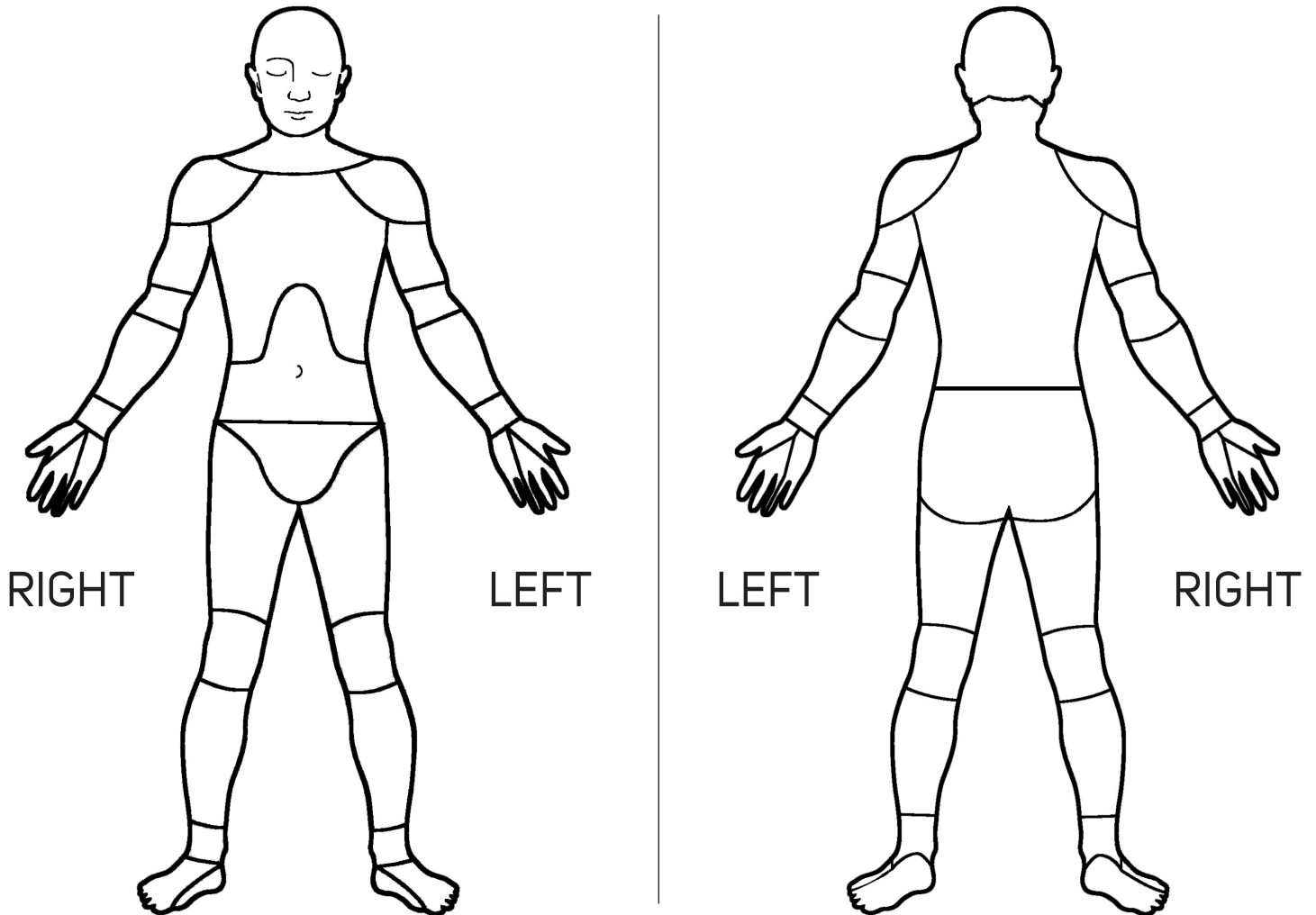
Please CONTINUE to page 13 showing body pictures.



PHOTO CREDIT: Allison Nitch

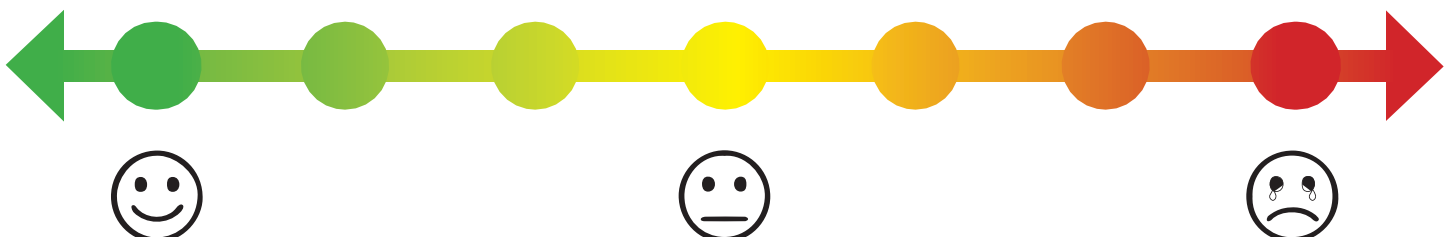
QUESTION 2

Make an "X" on ONE body part on either the FRONT or the BACK of the body below that feels the most discomfort when you do 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.



Please go on to the next page →

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

If you do this work with NO discomfort, Make an "X" here _____ and STOP.
Turn to page 16 showing CLEAN BLACKBOARDS.



-OR-

If you feel discomfort when you do this work, Make an "X" here _____.

Mark the picture above that shows the work that causes you to feel the most discomfort.

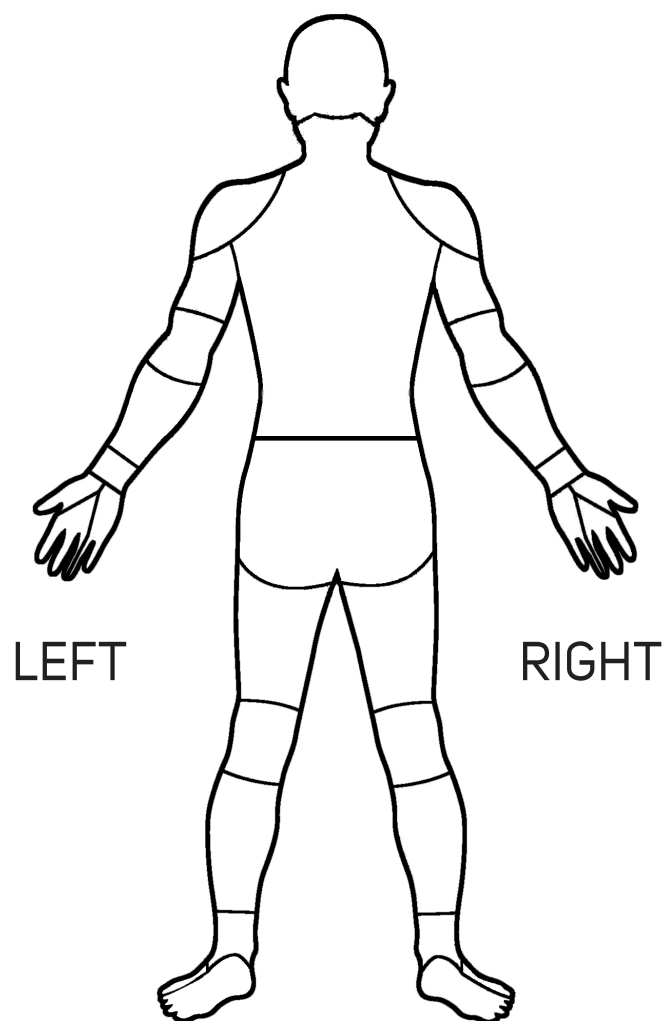
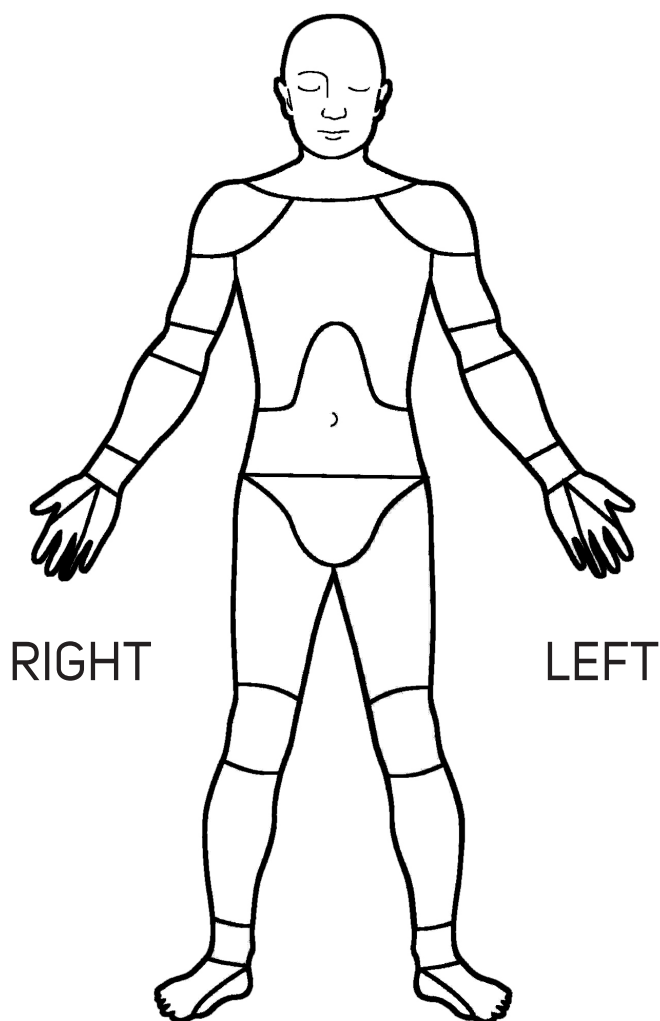
Please CONTINUE to page 15 showing body pictures.



WORK NAME: MOVING FURNITURE

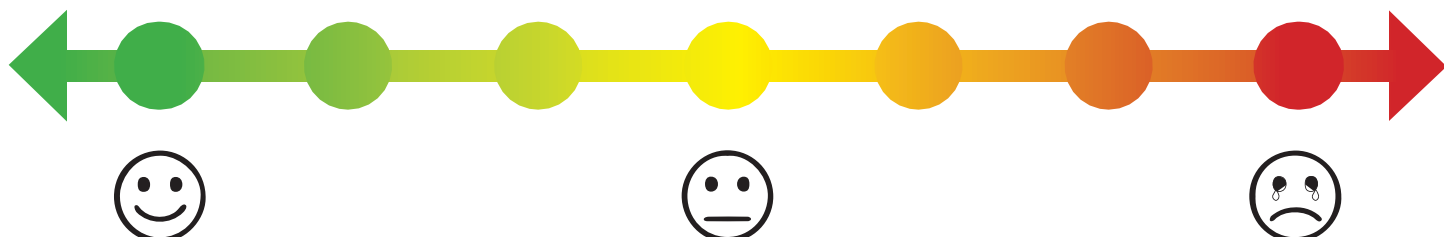
QUESTION 2

Make an "X" on ONE body part on either the FRONT or the BACK of the body below that feels the most discomfort when you do 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.



Please go on to the next page →

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

If you do this work with NO discomfort, Make an "X" here _____ and STOP.
Turn to page 18 showing VACUUM.



-OR-

If you feel discomfort when you do this work, Make an "X" here _____.

Mark the picture above that shows the work that causes you to feel the most discomfort.

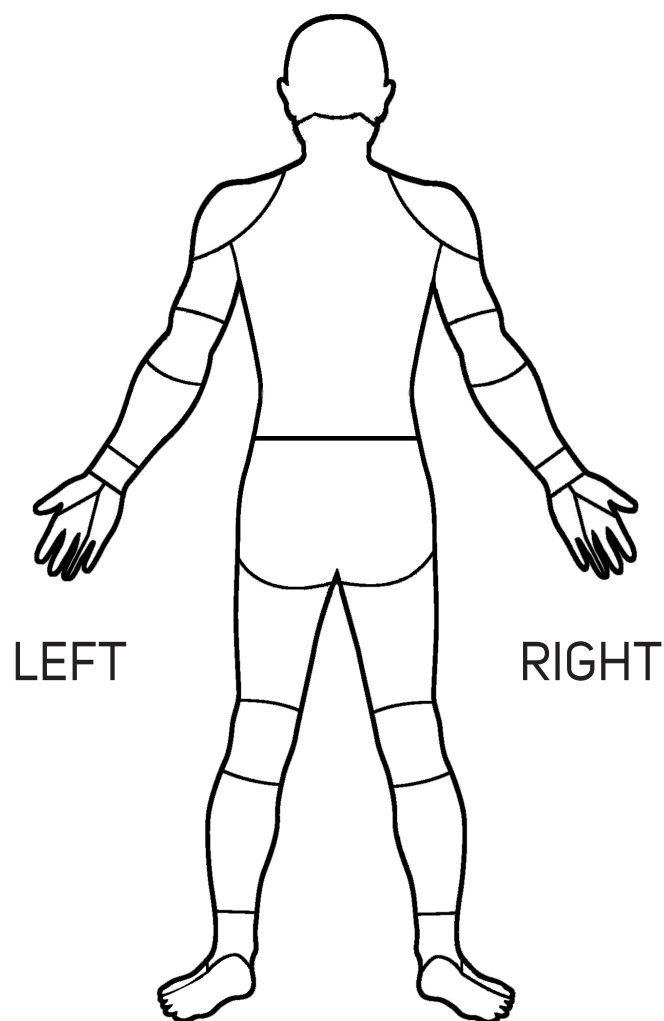
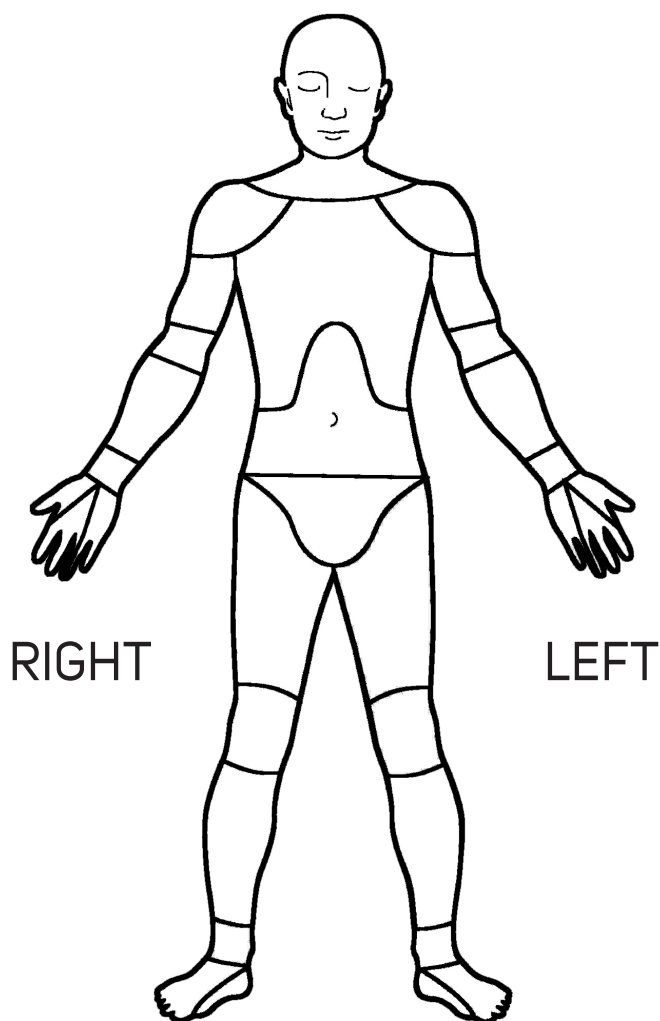
Please CONTINUE to page 17 showing body pictures.



WORK NAME: CLEAN BLACKBOARDS

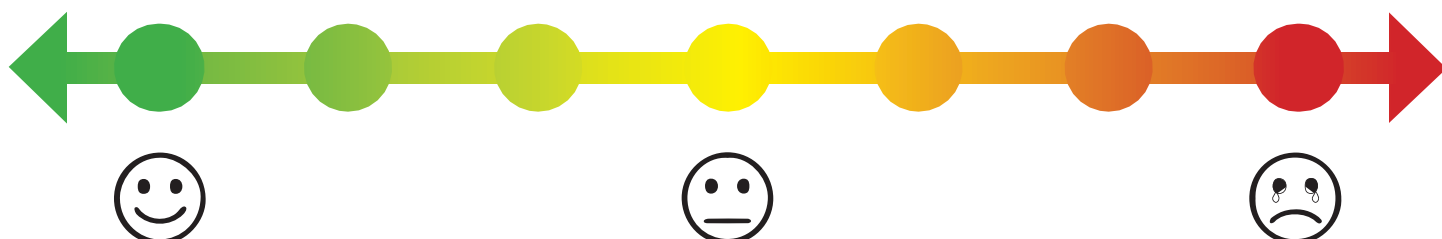
QUESTION 2

Make an "X" on ONE body part on either the FRONT or the BACK of the body below that feels the most discomfort when you do 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.



Please go on to the next page →

WORK NAME: VACUUM



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

QUESTION 1

If you do this work with NO discomfort, Make an "X" here _____ and STOP.
Turn to page 20 showing LOCK AND UNLOCK DOORS.



-OR-

If you feel discomfort when you do this work, Make an "X" here _____.

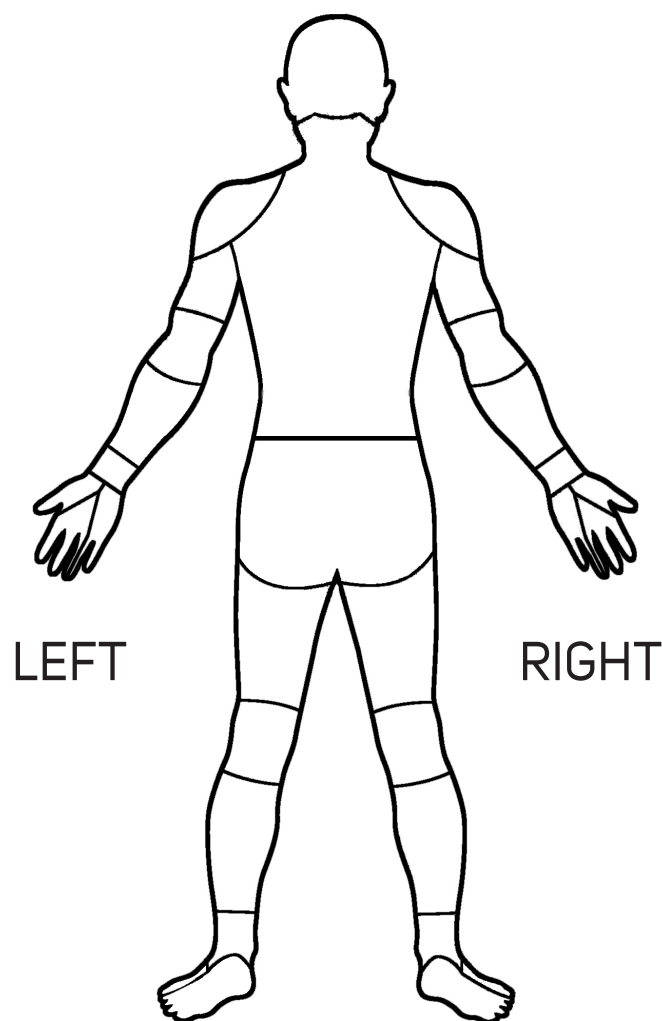
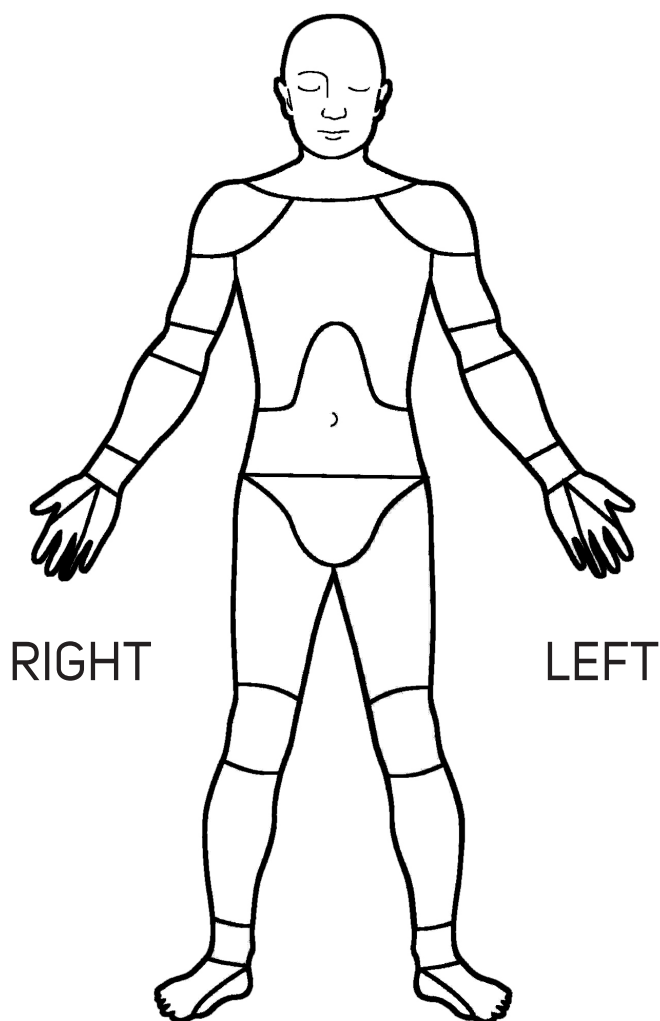
Mark the picture above that shows the work that causes you to feel the most discomfort.

Please CONTINUE to page 19 showing body pictures.



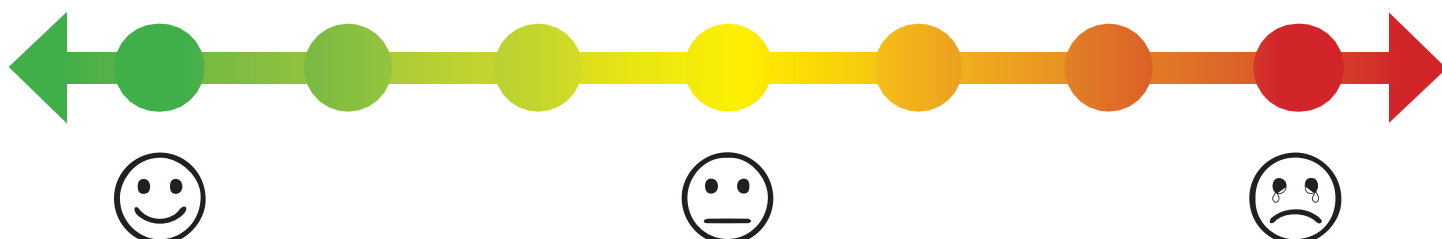
QUESTION 2

Make an "X" on ONE body part on either the FRONT or the BACK of the body below that feels the most discomfort when you do 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.



Please go on to the next page →

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

If you do this work with NO discomfort, Make an "X" here _____ and STOP.
Turn to page 22 showing WET MOP.



-OR-

If you feel discomfort when you do this work, Make an "X" here _____.

Mark the picture above that shows the work that causes you to feel the most discomfort.

Please CONTINUE to page 21 showing body pictures.

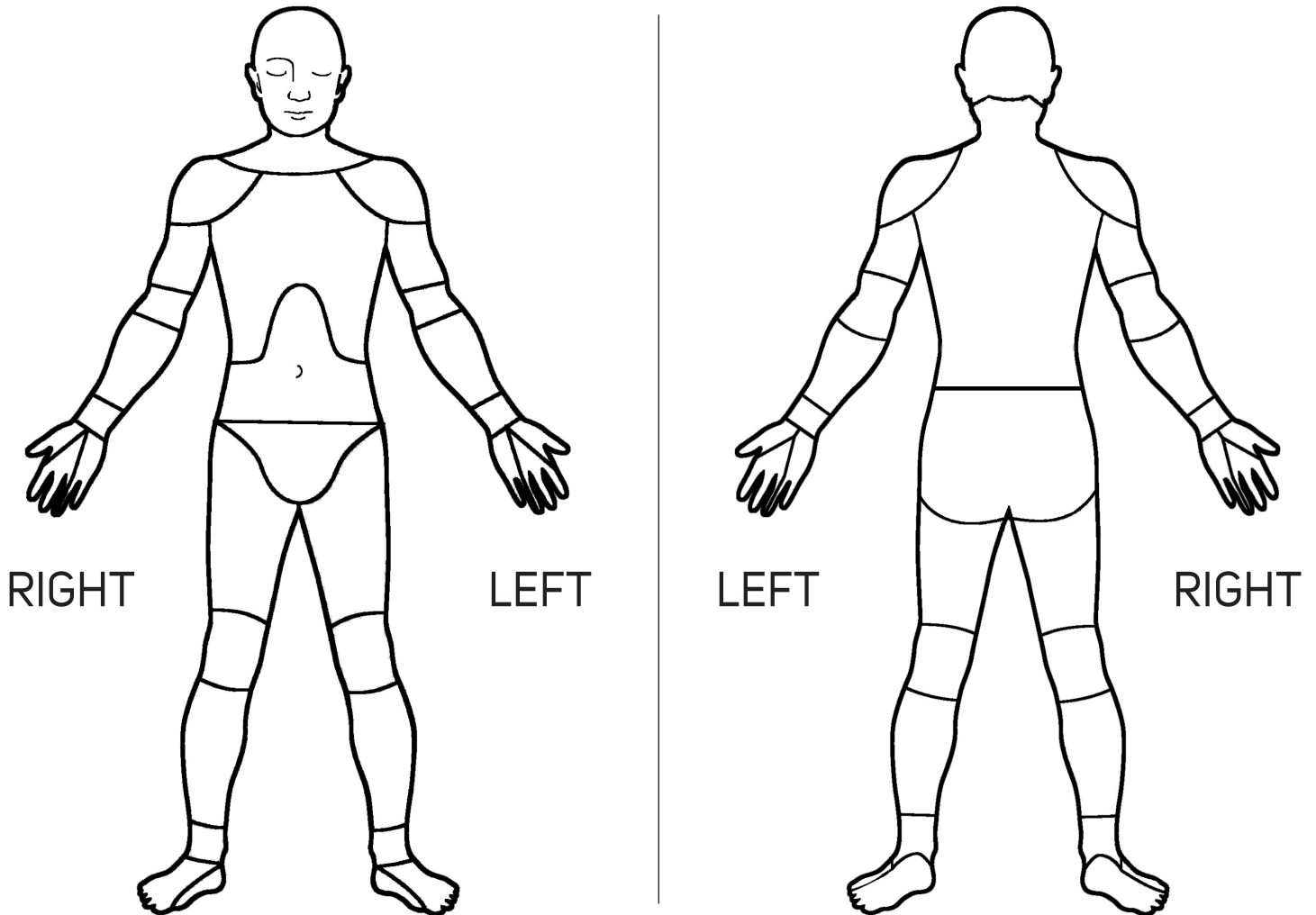


PHOTO CREDIT: Mike Nguyen_-----

WORK NAME: LOCK AND UNLOCK DOORS

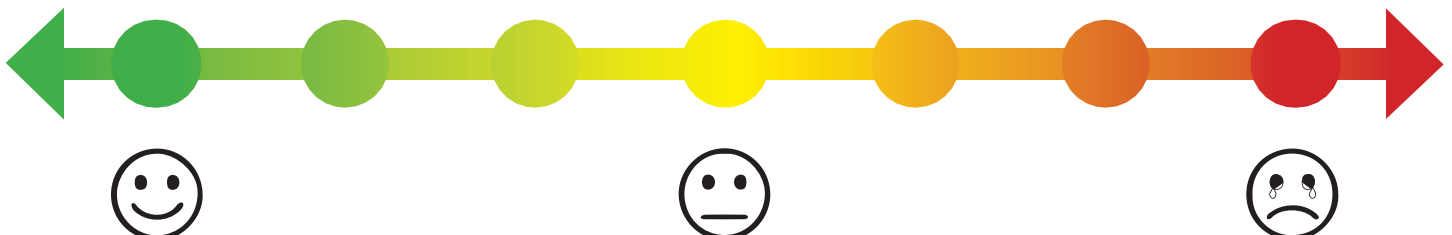
QUESTION 2

Make an "X" on ONE body part on either the FRONT or the BACK of the body below that feels the most discomfort when you do 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.



Please go on to the next page →

WORK NAME: WET MOP



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

QUESTION 1

If you do this work with NO discomfort, Make an "X" here _____ and STOP. Turn to page 24 showing FLOOR SCRUBBING OR FLOOR STRIPPING.



-OR-

If you feel discomfort when you do this work, Make an "X" here _____.

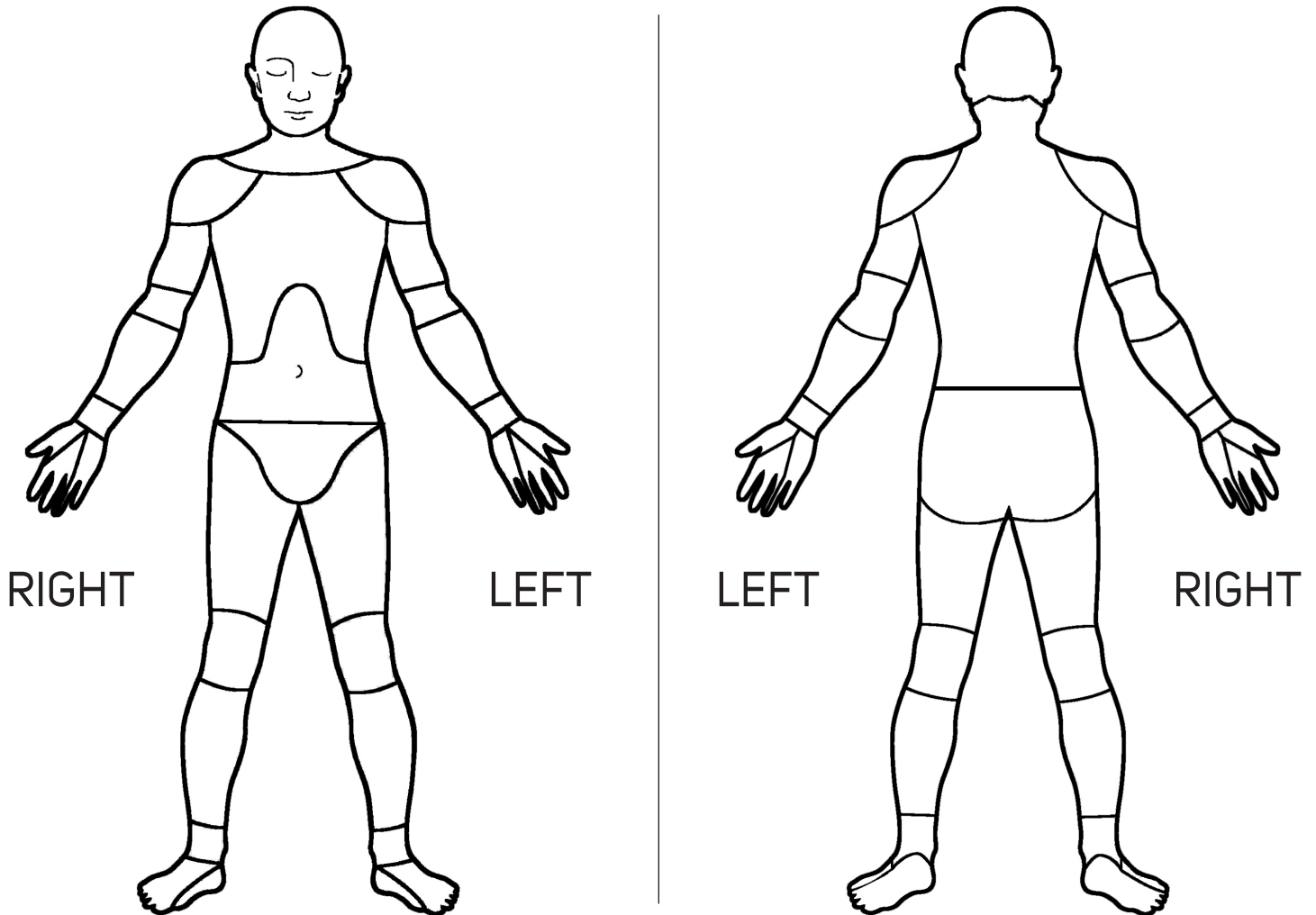
Mark the picture above that shows the work that causes you to feel the most discomfort.

Please CONTINUE to page 23 showing body pictures.



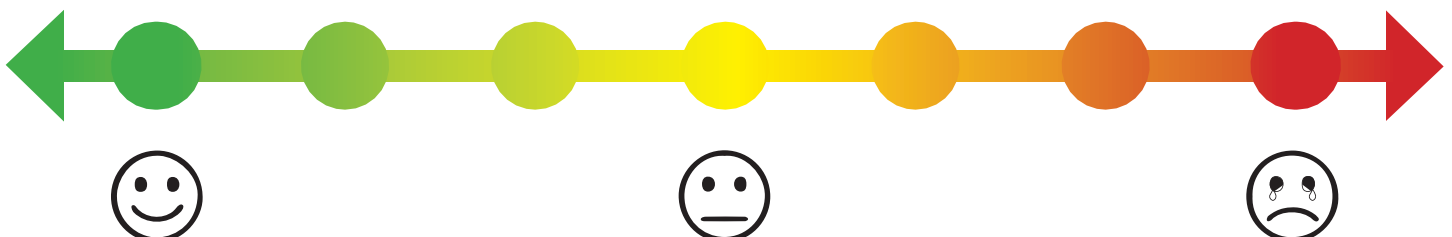
QUESTION 2

Make an "X" on ONE body part on either the FRONT or the BACK of the body below that feels the most discomfort when you do 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.



Please go on to the next page →

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

If you do this work with NO discomfort, Make an "X" here _____ and STOP.
Turn to page 26 showing PICKING UP RECYCLING.



-OR-

If you feel discomfort when you do this work, Make an "X" here _____.

Mark the picture above that shows the work that causes you to feel the most discomfort.

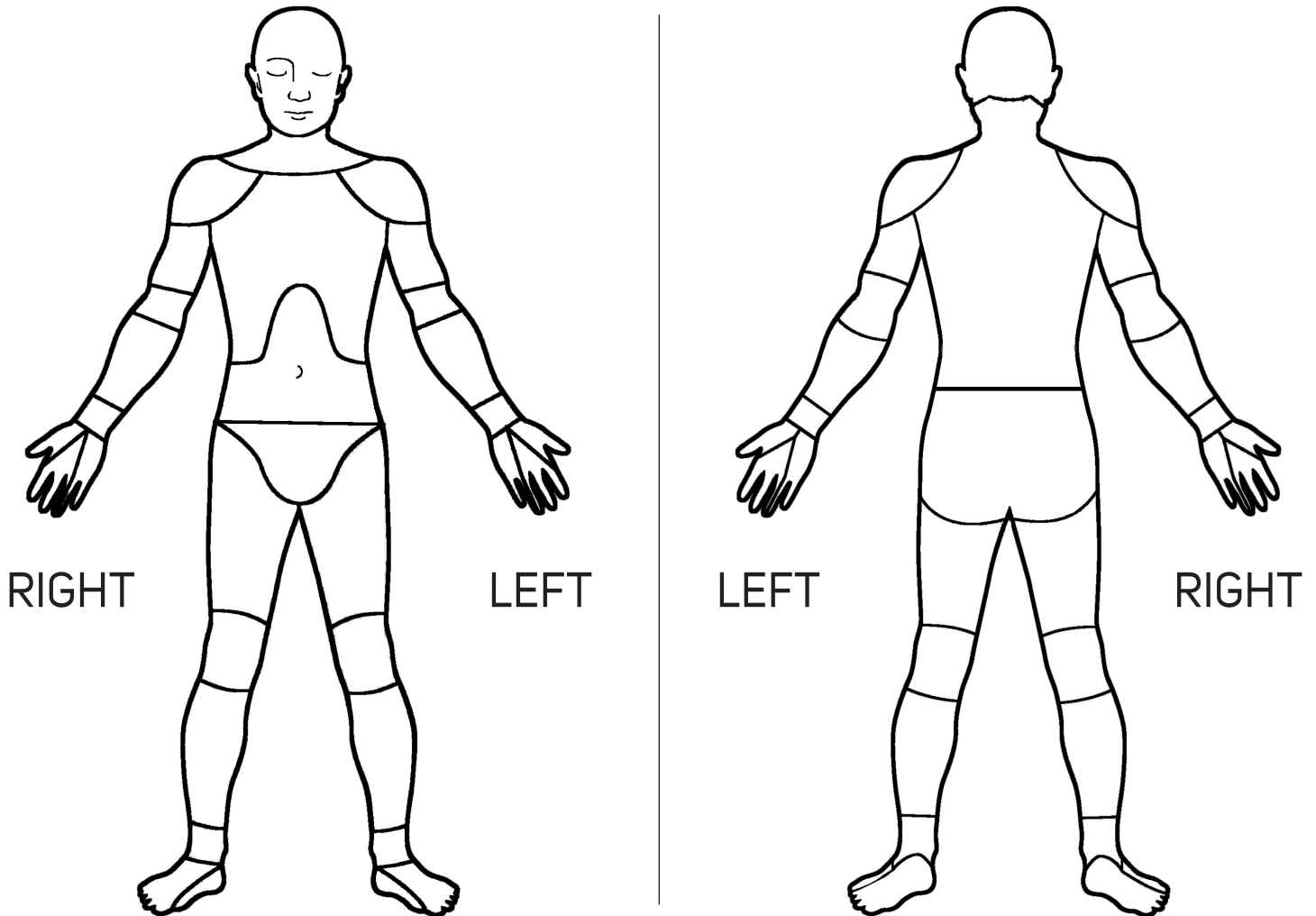
Please CONTINUE to page 25 showing body pictures.



WORK NAME: FLOOR SCRUBBING OR FLOOR STRIPPING

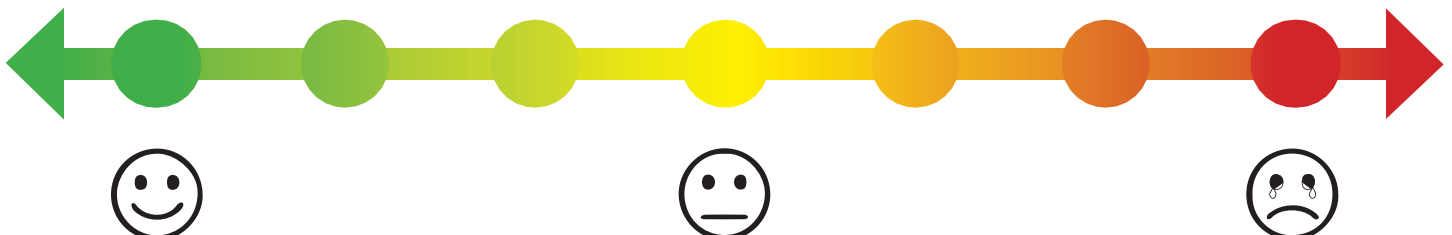
QUESTION 2

Make an "X" on ONE body part on either the FRONT or the BACK of the body below that feels the most discomfort when you do 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.



Please go on to the next page →

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

If you do this work with NO discomfort, Make an "X" here _____ and STOP.
Turn to page 28 showing PICKING UP GARBAGE FROM
CLASSROOMS & PUBLIC AREAS.



-OR-

If you feel discomfort when you do this work, Make an "X" here _____.

Mark the picture above that shows the work that causes you to feel the most discomfort.

Please CONTINUE to page 27 showing body pictures.

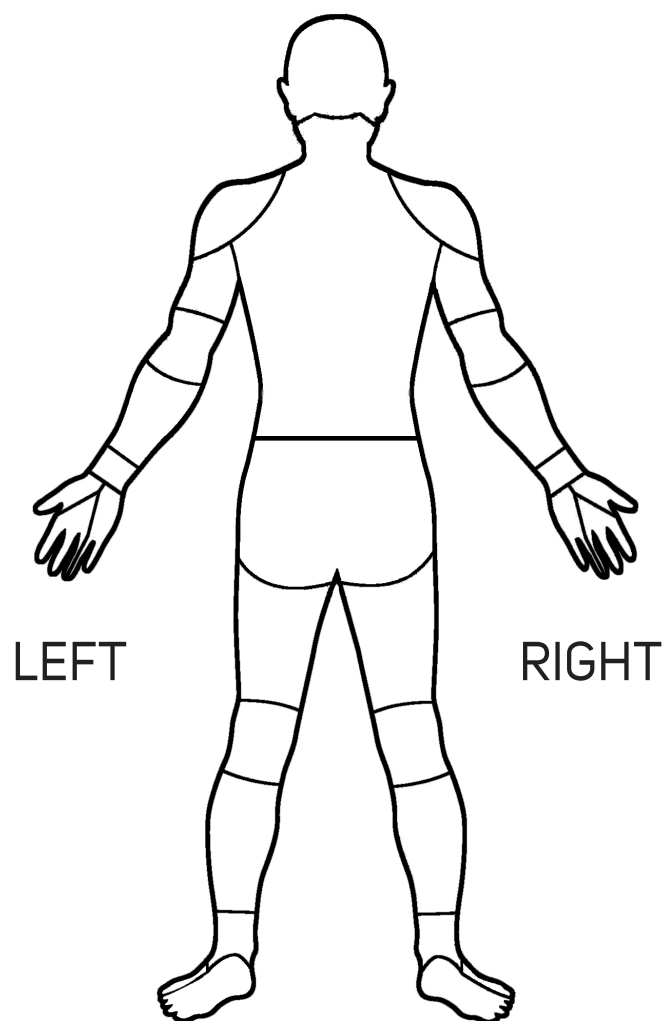
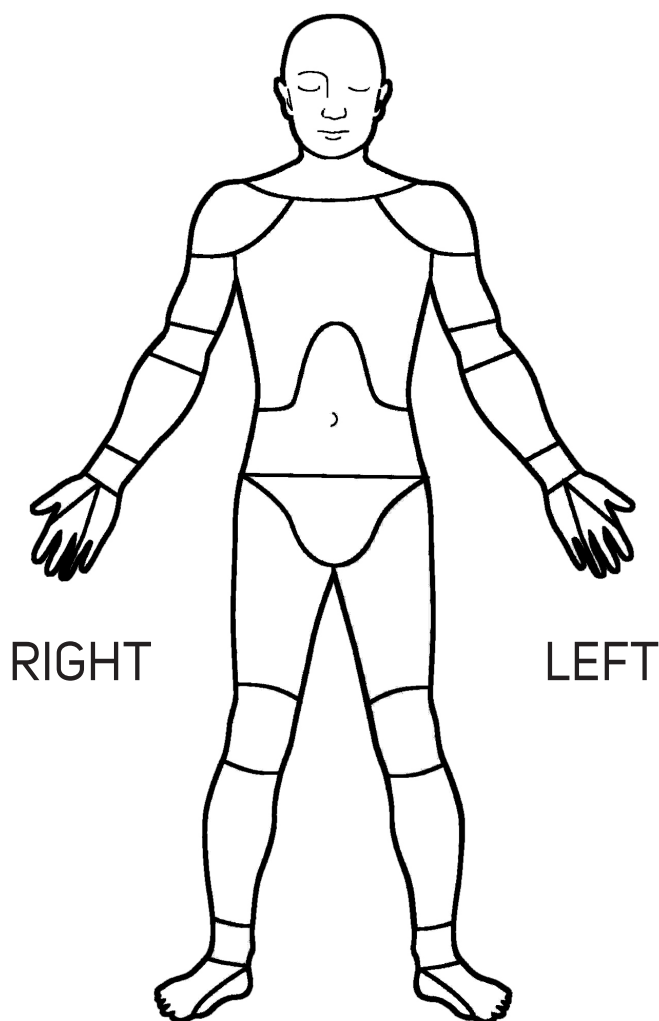


PHOTO CREDIT: Mike Nguyen

WORK NAME: PICKING UP RECYCLING

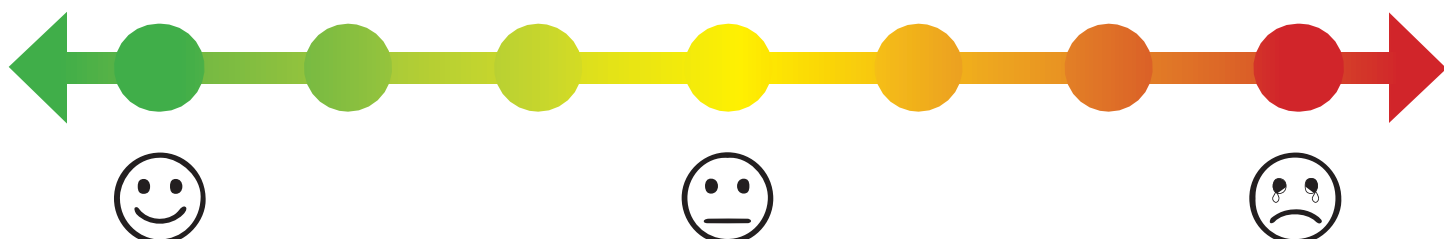
QUESTION 2

Make an "X" on ONE body part on either the FRONT or the BACK of the body below that feels the most discomfort when you do 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.



Please go on to the next page →

WORK NAME: PICKING UP GARBAGE FROM CLASSROOMS & 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

If you do this work with NO discomfort, Make an "X" here _____ and STOP.
Turn to page 30 showing DUST MOP.



-OR-

If you feel discomfort when you do this work, Make an "X" here _____.

Mark the picture above that shows the work that causes you to feel the most discomfort.

Please CONTINUE to page 29 showing body pictures.

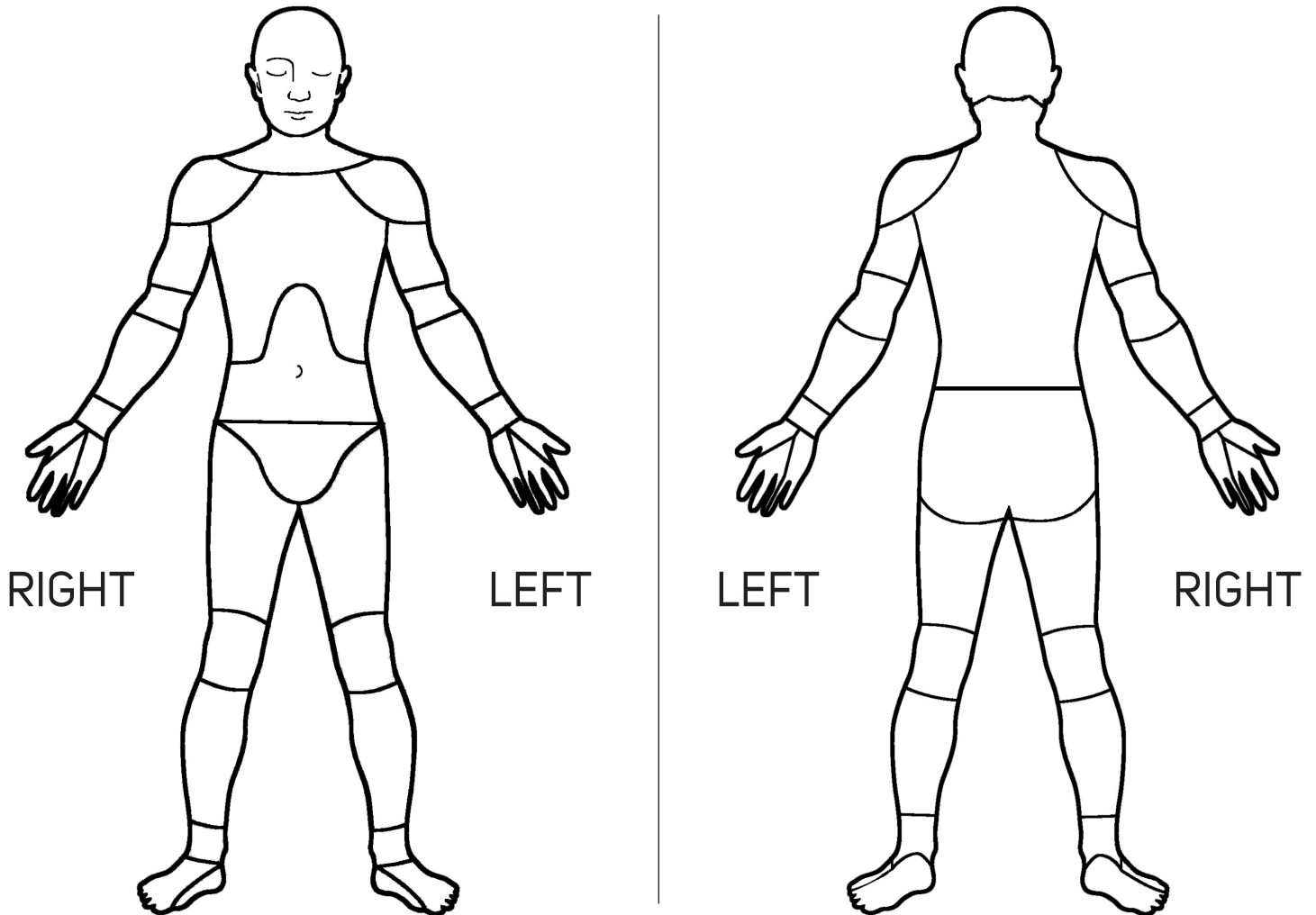


PHOTO CREDIT: Mike Nguyen

WORK NAME: PICKING UP GARBAGE FROM CLASSROOMS & PUBLIC AREAS

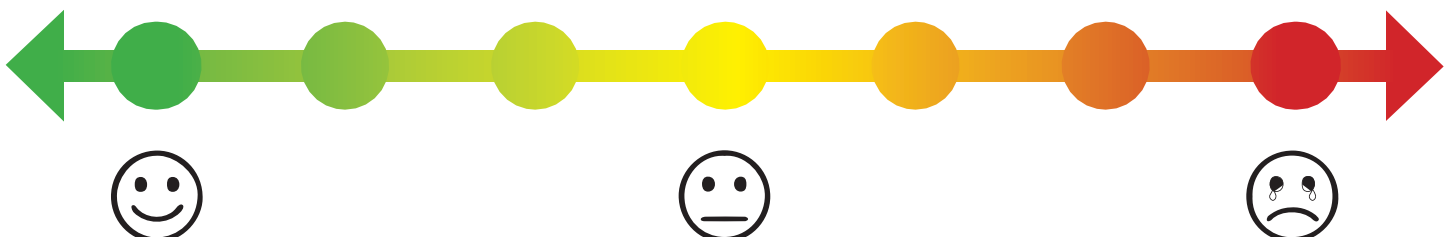
QUESTION 2

Make an "X" on ONE body part on either the FRONT or the BACK of the body below that feels the most discomfort when you do 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.



Please go on to the next page →

WORK NAME: DUST MOP



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

QUESTION 1

If you do this work with NO discomfort, Make an "X" here _____ and STOP.
Turn to page 32 showing DUMP GARBAGE FROM BARRELS.



-OR-

If you feel discomfort when you do this work, Make an "X" here _____.

Mark the picture above that shows the work that causes you to feel the most discomfort.

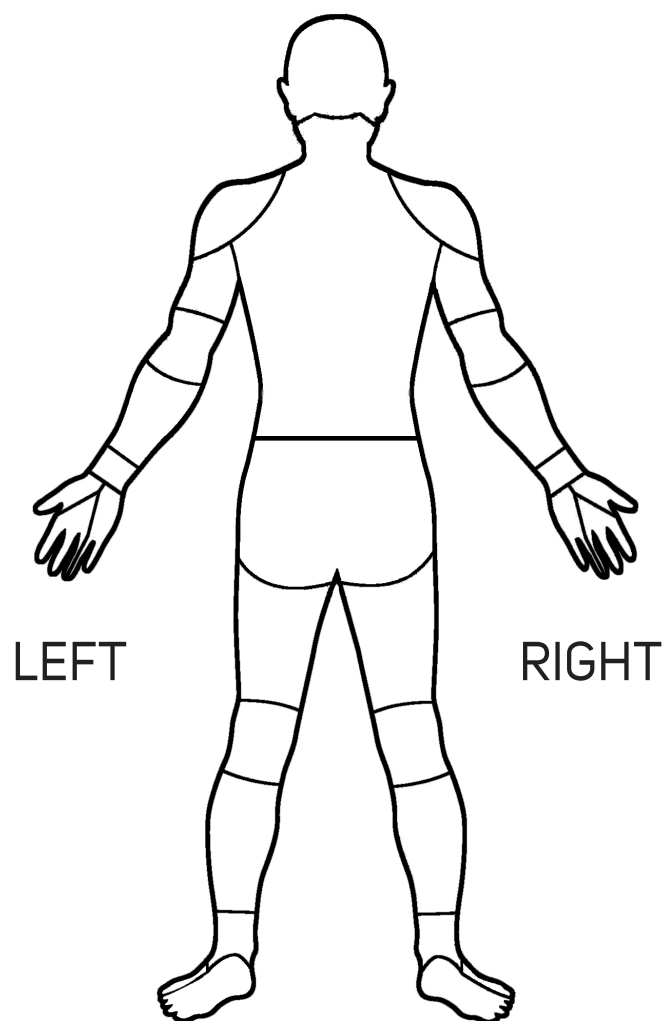
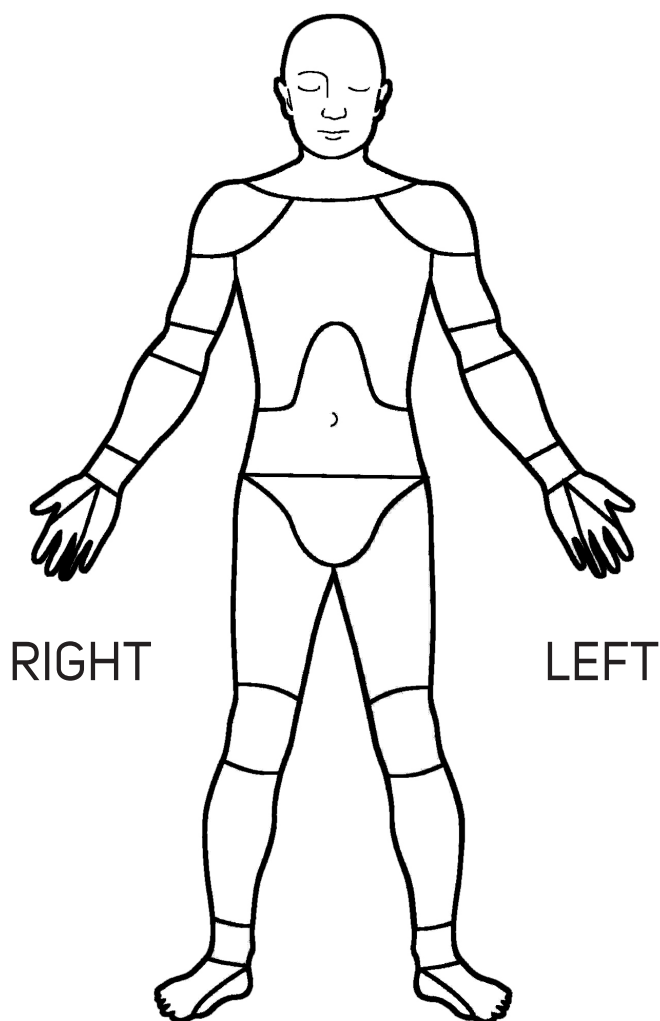
Please CONTINUE to page 31 showing body pictures.



PHOTO CREDIT: Mike Nguyen

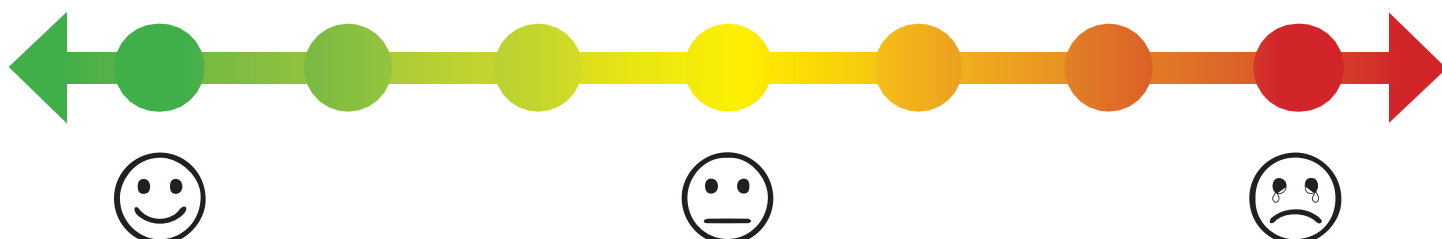
QUESTION 2

Make an "X" on ONE body part on either the FRONT or the BACK of the body below that feels the most discomfort when you do 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.



Please go on to the next page →

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

If you do this work with NO discomfort, Make an "X" here _____ and STOP.
Turn to page 34 showing last page.



-OR-

If you feel discomfort when you do this work, Make an "X" here _____.

Mark the picture above that shows the work that causes you to feel the most discomfort.

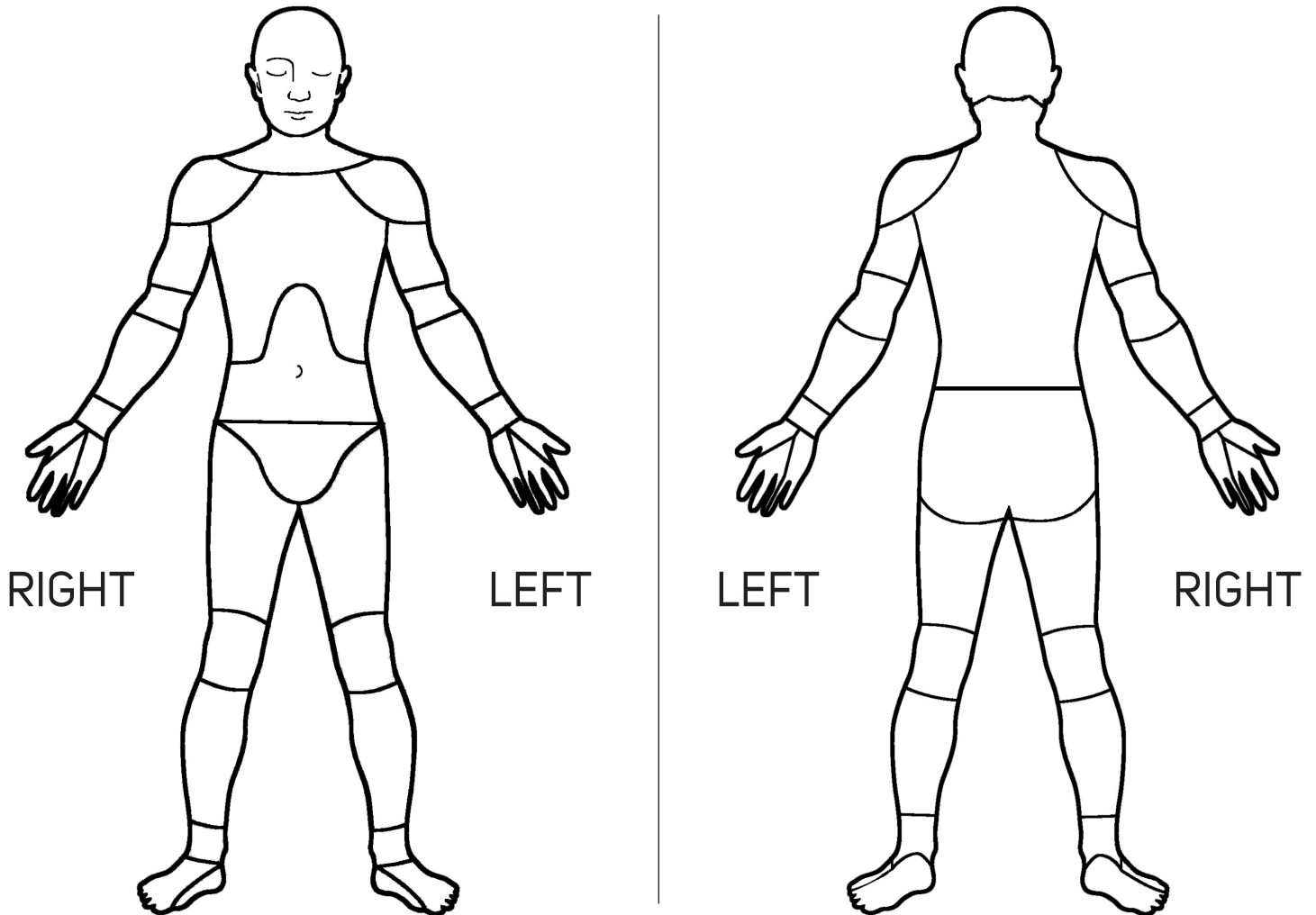
Please CONTINUE to page 33 showing body pictures.



WORK NAME: DUMP GARBAGE FROM BARRELS

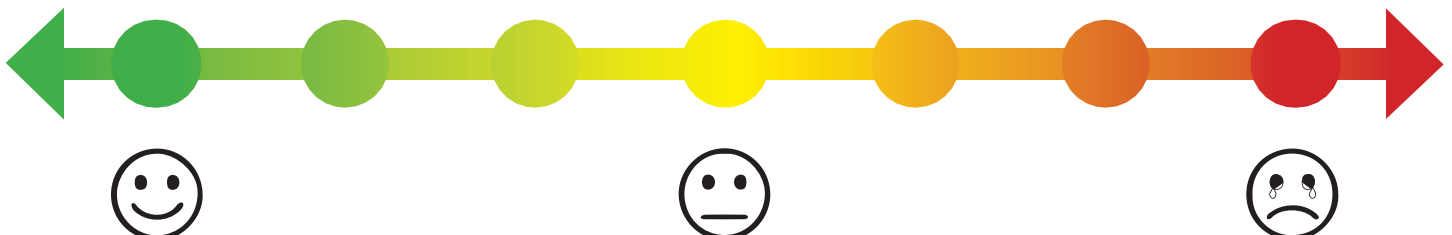
QUESTION 2

Make an "X" on ONE body part on either the FRONT or the BACK of the body below that feels the most discomfort when you do 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.



Please go on to the next page →

Any other comments about the project or your work?

End of survey. Thank you for participating!