

## WORKSHEET FOR POSSIBLE RISK FACTORS ON YOUR JOB

(Keep this with your records, or take it with you to your family doctor)

Job Title \_\_\_\_\_ Number of years in this job \_\_\_\_\_ Number of hours per shift (usual) \_\_\_\_\_

What kinds of tools do you use at work? \_\_\_\_\_

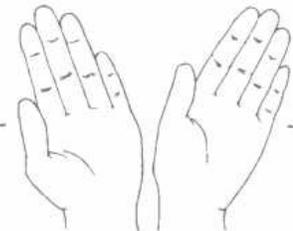
Describe what you do in your job — specifically what kind of tasks do you do with your:	How many times per	How long at a time?	Pain with this activity?
<b>Fingers</b> _____ _____	_____	_____	_____
<b>Hands</b> _____ _____	_____	_____	_____
<b>Wrists</b> _____ _____	_____	_____	_____
<b>Elbows</b> _____ _____	_____	_____	_____
<b>Shoulders</b> _____ _____	_____	_____	_____
<b>Neck</b> _____ _____	_____	_____	_____

Do you have any of the symptoms mentioned in this booklet?	Yes _____	No _____
Which ones and when do they occur? _____		
Do you pick objects weighing more than ten pounds with each hand?	Yes _____	No _____
Do you grip slippery objects?	Yes _____	No _____
Do you push or pull forcefully with your hands alone?	Yes _____	No _____
Do you forcefully pinch objects?	Yes _____	No _____
Do you need a lot of finger strength to manipulate objects?	Yes _____	No _____
Do you frequently bend or twist the wrist?	Yes _____	No _____
Do you frequently use vibrating tools?	Yes _____	No _____
Do you type intensively on a keyboard for long periods?	Yes _____	No _____

Please check any of the following hand/body positions you use frequently on your job:



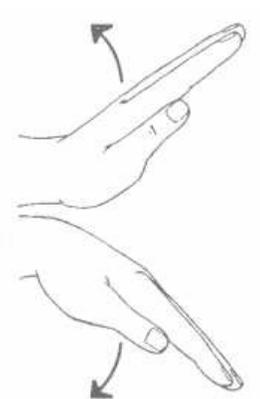
Pinch Grip



Radial & Ulnar Deviation



Forearm Rotation



Wrist Flexed/Extended