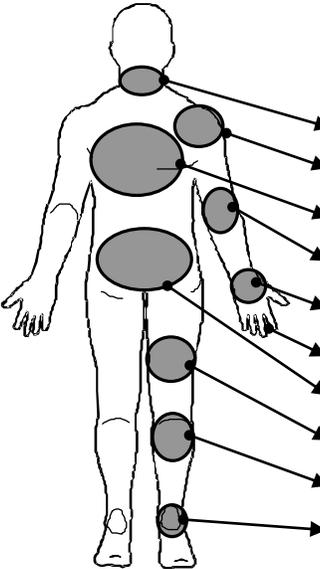


BODY MAPPING EXERCISE

Job Title: _____ Major tasks: _____

1. Indicate the body part/area which bothers you and the level of pain or discomfort you experienced:



Body Part	Level of pain/discomfort		
	Just noticeable	Moderate	Intolerable
<input type="checkbox"/> Neck			
<input type="checkbox"/> Shoulder			
<input type="checkbox"/> Upper back			
<input type="checkbox"/> Elbow/Forearm			
<input type="checkbox"/> Wrist/Hand			
<input type="checkbox"/> Fingers			
<input type="checkbox"/> Lower back			
<input type="checkbox"/> Hip/Thigh			
<input type="checkbox"/> Knee			
<input type="checkbox"/> Ankle/Foot			

2. Please mark the word(s) that best describe your problem:

- Aching Burning Cramping Numbness Pain Swelling
 Stiffness Tingling Weakness Discoloration Other

3. How long does each episode last? (mark an "X" along the line)

_____ / _____ / _____ / _____ / _____ / _____ /
 (1 hour) (1 day) (2-3 days) (1 week) (1 month) (6 months)

4. What do you think caused the problem? _____

5. Please comment on what you think would improve your symptoms? _____

Source: "Symptom Survey: Ergonomics Program" ("Elements of Ergonomics Programs", DHHS-NIOSH Publication No. 97-117, Page 87)

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