WORK

1a. Are you currently employed?

☐ **Yes** ☐ **No** *If No, please go to Q4.*

b. If Yes, what was your main **occupation** during the past week?

_____

c. In what **industry** did you carry out this occupation? (eg. farming, quarrying, road haulage)

_____

d. On what date did you start **in this industry**?

Month *(if known)*: _____ Year: _____

e. Does an average day involve lifting or moving weights of:

i). 20 lbs (10 kg) or more by hand ☐ **Yes** ☐ **No**

ii). 56 lbs (25 kg) or more by hand ☐ **Yes** ☐ **No**

iii). Work on a night shift ☐ **Yes** ☐ **No**

VIBRATION EXPOSURE

2a. During the past week, did you drive, ride or stand on any kind of vehicle or machine at work?

☐ **Yes** ☐ **No** *If No, please go to Q4.*

If **Yes**, *please give the following information:*

b. Vehicle type(s) *(eg. car, agricultural tractor, HGV, bus, off-road vehicle etc)* :

_____

c. Make(s) and model(s) of vehicle(s) *(eg. Scania 143, Mercedes Atego, if known)*:

_____

d. Year(s) of manufacture *(if known):*

_____

e. For the vehicle you used most, please circle or mark the **seat comfort** on the following **1-7** scale:

Very Comfortable	1	2	3	4	5	6	7	Very Uncomfortable

f. Does the vehicle you used most have a suspension seat?

☐ **Yes** ☐ **No**

g. If **Yes**, do you find this easy to adjust?

☐ **Yes** ☐ **No**

h. Does the drivers seat of the vehicle used most have:

i) armrests? ☐ **Yes** ☐ **No**

ii) an adjustable lumbar support ☐ **Yes** ☐ **No**

3a. For those machines or vehicles that you have just mentioned, we would like to know the total number of hours (or minutes) that you drove / rode / stood on them over the whole week. *(please count only the time that the ENGINE WAS RUNNING or POWER ON. If you cannot give the exact time, please give your best estimate).*

Name of machine / vehicle:	Time used in a typical week:
1. _____	☐☐ **hours** ☐☐ **mins**
2. _____	☐☐ **hours** ☐☐ **mins**
3. _____	☐☐ **hours** ☐☐ **mins**
4. _____	☐☐ **hours** ☐☐ **mins**

b. Was the time you spent over the past week riding / driving / standing on such machines typical of the job?

☐ **Not applicable** (don't ride or drive vehicle or machine) ☐ **Yes** ☐ **No**

c. If No, in what way was it unusual?

_____

d. In your main job, do you <u>ever</u> ride on / drive / stand on any other vehicles or machines that cause vibration or frequent jolting that you can feel ***(eg. vehicles only used occasionally or at certain times of the year)?***

☐ **Yes** ☐ **No**

If Yes, which vehicles / machines? _____

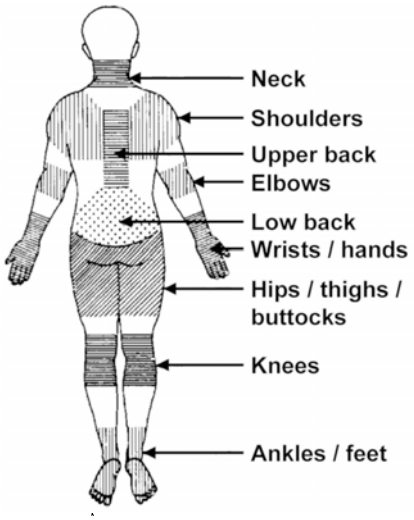
_____

e. In your spare time (ie. outside work and going to and from work, please estimate the <u>total number</u> of hours (or minutes) you spent driving or riding in the vehicles listed below. *If you cannot give the exact time, please give your best estimate.*

Car or Van ☐☐ **hours mins** Train ☐☐ **hours mins**

Bus or Coach ☐☐ **hours mins** Motorcycle ☐☐ **hours mins**

HEALTH



In the picture you can see the approximate position of the parts of the body referred to. Limits are not sharply defined and certain parts overlap. You should decide for yourself in which part you have or have had trouble (if any).

4a. Musculoskeletal problems

	Have you at any time during the last 12 months had trouble (ache, pain, discomfort) in:	*(Answer only if you have had trouble)* Have you at any time during the last 12 months been prevented from doing your normal work (at home or away from home) because of the trouble?	Have you had trouble at any time during the last 7 days?
	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
	☐ No ☐ Yes, in right shoulder ☐ Yes, in left shoulder ☐ Yes, in both shoulders	☐ No ☐ Yes	☐ No ☐ Yes
	☐ No ☐ Yes, in right elbow ☐ Yes, in left elbow ☐ Yes, in both elbows	☐ No ☐ Yes	☐ No ☐ Yes
Wrists / hands	☐ No ☐ Yes, in right wrist/hand ☐ Yes, in left wrist/hand ☐ Yes, in both wrists/hands	☐ No ☐ Yes	☐ No ☐ Yes
Upper back	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
Lower back (small of the back)	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
One or both ankles / feet	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes

b. Have you **ever** had any low back trouble (ache, pain, numbness or discomfort)?

☐ Yes ☐ No *If No, please go to Q5a.*

c. Have you **ever** hurt your low back in an **accident**?

☐ Yes ☐ No

d. If **Yes**, was the accident at work?

☐ Yes ☐ No

what was the approximate **date** of the accident? ☐☐ month year

d. Have you **ever** had to change **jobs or duties** because of low back trouble?

☐ Yes ☐ No

e. What do you think brought on this problem with your back?

Accident ☐ Activity at Work ☐

Sporting Activity ☐ Other *(please*

Activity at Home ☐ *specify)* _____

_____

f. How bad was the pain during the **worst** episode?

☐ Mild ☐ Severe ☐ Very, Very Severe

g. What is the **total** length of time you have had low back trouble during the **last 12 months?**

0 days ☐ *If 0, please go to Q5a.*

1-7 days ☐

8-30 days ☐

More than 30 days, but not every day ☐

Every day ☐

h. Has low back trouble caused you to reduce your activity during the **last 12 months?**

i) work activity ☐ Yes ☐ No

ii) leisure activity ☐ Yes ☐ No

i. What is the **total** length of time that low back trouble has prevented you from doing your normal work (at home or away from home) during the **last 12 months?**

0 days ☐

1-7 days ☐

8-30 days ☐

More than 30 days ☐

j. Have you **been seen** by a doctor, physiotherapist, chiropractor or other such person because of low back trouble during the **last 12 months?**

☐ Yes ☐ No

k. Please give details of any issues regarding vibration and back pain that have not been discussed by this questionnaire: _____

_____

_____

DETAILS

5a. Please fill in your date of birth: ☐☐ day ☐☐ month ☐☐ year

b. Sex: ☐ male ☐ female

c. What is your weight? ☐ stones ☐ pounds or ☐ kg

d. What is your height? ☐ feet ☐ inches or ☐ cm

e. Are you right or left handed?

☐ right ☐ left ☐ able to use both hands equally

f. Are you a:

☐ smoker ☐ non-smoker ☐ ex-smoker

Thank you very much for your time!

Please write your address or e-mail address *if you would like to be sent a summary of our results:*

_____

_____