

# Dutch Musculoskeletal Questionnaire DMQ

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*English translation - 2<sup>nd</sup> draft*

*Nota bene:*

*The shortened version of the DMQ comprises the following pages:*

- ? *General (page 1)*
- ? *Health 2 (page 3)*
- ? *Work 1 (page 4); on this page, you have to insert yourself the tasks which are prevalent in your study-population.*
- ? *Work 2 (this is a separate page meant only for the short version; it is attached as page 18)*

*The standard version of the DMQ comprises pages 1 - 9*

*The extended version comprises pages 1 to 14.*

*Optional for all versions are pages 15-16.*

## **ACKNOWLEDGEMENT**

*We thank Mr. John Jackson for his help with the English translation.*

## Do read this first:

This questionnaire addresses your work and your health.

Most questions can simply be answered by **yes** or **no**. Please do not think too long about each question and do not consult with your colleagues.

You should only mark one answer, even if sometimes choosing between the possibilities given might be difficult: in that case choose the answer that in your opinion is best. Try to answer all questions.

Some questions may look the same. Nevertheless, it is important to complete all questions: don't skip any questions!

### EXAMPLE HOW TO COMPLETE THE QUESTIONNAIRE:

*Do you have headaches regularly?*

yes ☒ no ☐

If you make a mistake, correct your answer as is indicated here:

*Do you have headaches regularly?*

yes ☒ no ☒

In case you doubt about the answer to be given, try to choose the possibility that nears best reality. Do never mark "yes" and "no" at the same time, or something in between, as in that case your answer can no longer be processed!

Your answers will be treated in the **strictest confidence**. Apart from the research workers no one will ever have access to the data without your permission, not even your superiors! In the report about this study your personal data cannot be recognised.

Thank you very much for your cooperation!

## General questions

Please read the explanation on the previous page before answering the questions below!

1. What is your age? years
2. What is your gender? male 1 female 2
3. – Has your family lived in Britain for at least three generations? yes 1 no 2  
– Can you speak and read the English language easily? yes 1 no 2
4. What is the highest education that you completed successfully?
  - ? no education completed or primary school 1
  - ? lower secondary or vocational school 2
  - ? intermediate secondary or vocational school 3
  - ? higher secondary or vocational school 4
  - ? university 5
5. – How tall are you? about  cm  
– What is your weight? about  kg
6. –How many years have you been carrying out your present work at this firm?  years  
– How many hours week do you work normally (*including regular overtime!*)?  hours per week  
– How many days per week do you work normally?  days per week
7. – Do you have a temporary contract (less than a year) or are you a temp.? yes 1 no 2  
– Are you on sick leave or partly disabled? yes 1 no 2  
– Do you have other jobs (paid or unpaid)? yes 1 no 2  
– Do you work left-handed? yes 1 no 2
8. Do you supervise people in your daily work? yes 1 no 2
9. How long does it take to travel to your work (single journey)?  minutes
10. How do you usually travel to your work (*more than one answer is possible*)?
  - ☐ on foot 1
  - ☐ pushbike 1
  - ☐ moped, motor 1
  - ☐ car 1
  - ☐ bus 1
  - ☐ tram, train 1
11. Are you working in shifts?
  - ☐ no 1
  - ☐ yes, irregular shifts 2
  - ☐ yes, 2 shifts (no nights) 3
  - ☐ yes, 3 shifts 4
  - ☐ yes, 12 hour shifts 5

## Health (1)

1. How is your health status in general?
 

good	1
reasonably good	2
not too bad	3
poor	4
  
2. How is to your opinion your physical fitness nowadays?
 

good	1
reasonably good	2
not too bad	3
poor	4
  
3.
 

– Does your work require a lot of strength?	yes	1	no	2
– Does your work require endurance?	yes	1	no	2
  
4. How tired are you normally at the end of a working day physically?
 

not tired	1
a bit tired	2
rather tired	3
very tired	4
  
5. How tired are you normally at the end of a working day mentally?
 

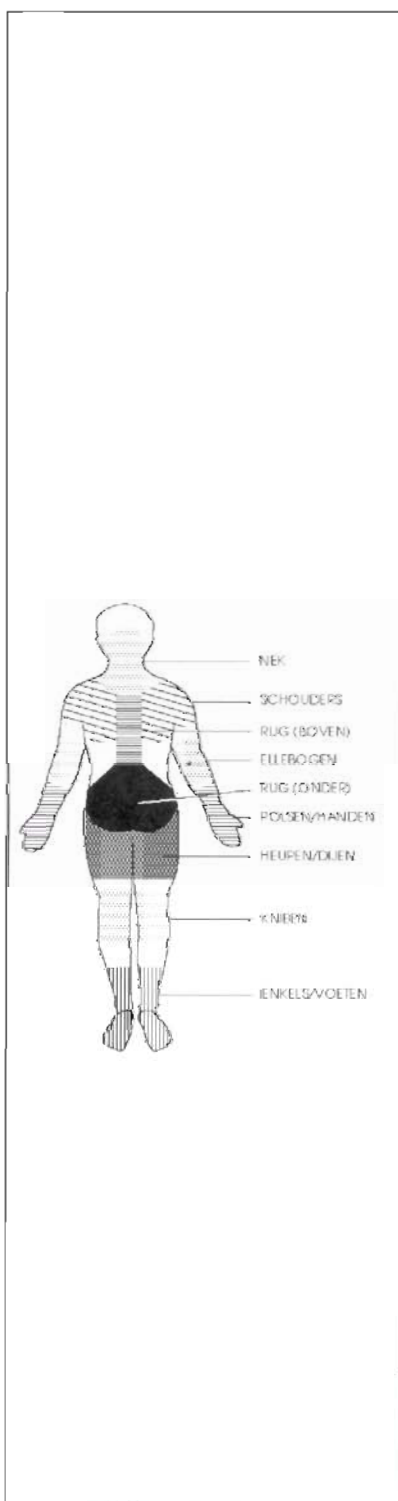
not tired	1
a bit tired	2
rather tired	3
very tired	4
  
6.
 

– Have you had any complaints about your health recently?	yes	1	no	2
– Have you consulted your doctor the past six months (other than for a routine check-up)?	yes	1	no	2
– Is a physician treating you at the moment?	yes	1	no	2
– Have you been absent from work the last six months because of an illness or an accident?	yes	1	no	2
– Are you taking drugs on a doctors prescription?	yes	1	no	2
  
7. Do you smoke or did you smoke in the past?
 

yes, I'm smoking nowadays	1
yes, I did smoke in the past	2
no, I never smoked	3
  
8.
 

– Do you often feel tense?	yes	1	no	2
– Do you often feel nervous?	yes	1	no	2
– Do you often feel flustered?	yes	1	no	2
– Are you often very tired after work?	yes	1	no	2
– Do you regularly feel tired when getting up in the morning?	yes	1	no	2

## Health (2)



1. Have you ever had trouble (pain, discomfort) from your:

? neck	? yes	1	no	2
? upper back	? yes	1	no	2
? lower back	? yes	1	no	2
? shoulders	? yes	1	no	2
? elbows	? yes	1	no	2
? wrists/hands	? yes	1	no	2
? hips/thighs	? yes	1	no	2
? knees	? yes	1	no	2
? ankles/feet	? yes	1	no	2

2. Have you had in the past 12 months trouble (pain, discomfort) from your:

	YES, sometimes	YES, regularly	YES, chronically	NO , never
? neck	1	2	3	4
? upper back	1	2	3	4
? lower back	1	2	3	4
? left shoulder	1	2	3	4
? right shoulder	1	2	3	4
? left elbow	1	2	3	4
? right elbow	1	2	3	4
? left wrist/hand	1	2	3	4
? right wrist/hand	1	2	3	4
? left hip/thigh	1	2	3	4
? right hip/thigh	1	2	3	4
? left knee	1	2	3	4
? right knee	1	2	3	4
? left ankle/foot	1	2	3	4
? right ankle/foot	1	2	3	4

3. Have you had during the past 7 days trouble (pain, discomfort) from your:

? neck	yes	1	no	2
? upper back	yes	1	no	2
? lower back	yes	1	no	2
? shoulders	yes	1	no	2
? elbows	yes	1	no	2
? wrists/hands	yes	1	no	2
? hips/thighs	yes	1	no	2
? knees	yes	1	no	2
? ankles/feet	yes	1	no	2

## Work (1)

1. Please list your job tasks and indicate how often (seldom/never, sometimes, often or (almost) always?)

	seldom or never	sometimes	often	(almost) always
1.	1	2	3	4
2.	1	2	3	4
3.	1	2	3	4
4.	1	2	3	4
5.	1	2	3	4
6.	1	2	3	4
7.	1	2	3	4
8.	1	2	3	4
9.	1	2	3	4

2. Please mark for each task and all tasks together the number which best indicates the amount of exertion associated with that task (light, normal, heavy, very heavy).

	light		normal		heavy		very heavy
	1	2	3	4	5	6	7
The tasks should be the same as in the table above.							
1.	1	2	3	4	5	6	7
2.	1	2	3	4	5	6	7
3.	1	2	3	4	5	6	7
4.	1	2	3	4	5	6	7
5.	1	2	3	4	5	6	7
6.	1	2	3	4	5	6	7
7.	1	2	3	4	5	6	7
8.	1	2	3	4	5	6	7
9.	1	2	3	4	5	6	7
all tasks together, taking into account the frequency	1	2	3	4	5	6	7

## Work (2)

1.
  - Do you carry out the same work almost the whole day? yes 1 no 2
  - Does your work vary from day to day? yes 1 no 2
  - Does the work rotate between you and your colleagues? yes 1 no 2
  - Do your tasks vary according to the season or time of the year? yes 1 no 2
  - Do you carry out your work mostly at the same workplace(s)? yes 1 no 2
  - Do you carry out your work outdoors? yes 1 no 2
  - Do you have a sedentary job? yes 1 no 2
  - Does your work involve mainly repetitive tasks many times a minute? yes 1 no 2
  - Does your work often involve contacts with clients, patients or the public? yes 1 no 2
  - Does your work involve coldness, draughts or changes of temperature? yes 1 no 2
  - Are you often driving in vehicles at your work? yes 1 no 2

2. *This question addresses breaks. We are only interested in breaks which you actually have or could take!*
  - How many breaks do you have during a normal working day? ? breaks per day
  - Counting all breaks, how many minutes resting time do you have normally? ? ? ? minutes per day
  - Are your normal breaks sufficient? yes 1 no 2
  - Are you going back to work rested after a break? yes 1 no 2

3.
  - Can you choose the start and end of a working day yourself? yes 1 no 2
  - Can you choose the moment of a break yourself? yes 1 no 2
  - Are you familiar with your work schedule longer than one month on forehand? yes 1 no 2
  - Can you take a holiday when you wish? yes 1 no 2
  - Is there a shortage of personnel at your department? yes 1 no 2
  - Do you have to replace colleagues often? yes 1 no 2
  - Do you have overtime regularly? yes 1 no 2

4. Did you have other work in the past? yes 1 no 2  
 If yes: Which kind of work did you do in your previous work never, sometimes, often or (almost) always?

	seldom or never	some- times	often	almost always
standing for long periods	1	2	3	4
sitting for long periods	1	2	3	4
VDU work for long periods	1	2	3	4
squatting/kneeling for long periods	1	2	3	4
moving loads (more than 5 kg)	1	2	3	4
moving heavy loads (more than 20 kg)	1	2	3	4
jobs which require exertion of arms/hands	1	2	3	4
working with vibrating tools	1	2	3	4
driving vehicles	1	2	3	4
working in uncomfortable postures	1	2	3	4
working in the same position for long periods	1	2	3	4
doing repetitive tasks many times per minute	1	2	3	4

## Work (3)

1. Do you in your work often have to:
 

– lift heavy loads (more than 5 kg)?	yes	1	no	2
– push or pull heavy loads (more than 5 kg)?	yes	1	no	2
– carry heavy loads (more than 5 kg)?	yes	1	no	2
  
2. Do you in your work often have to lift:
 

– in a uncomfortable position?	yes	1	no	2
– with the load far away from your body?	yes	1	no	2
– with twisted trunk?	yes	1	no	2
– with the load above shoulder-level?	yes	1	no	2
– with one hand?	yes	1	no	2
– with a load which is difficult to grasp or hold?	yes	1	no	2
  
3. Do you in your work often have to:
 

– lift very heavy loads (more than 20 kg)?	yes	1	no	2
– push or pull very heavy loads (more than 20 kg)?	yes	1	no	2
– carry very heavy loads (more than 20 kg)?	yes	1	no	2
  
4. Do you in your work often have to:
 

– bent slightly with your trunk?	yes	1	no	2
– bent heavily with your trunk?	yes	1	no	2
– twist slightly with your trunk??	yes	1	no	2
– twist heavily with your trunk?	yes	1	no	2
– bent and twist simultaneously with your trunk?	yes	1	no	2
  
5. Do you in your work often have to work:
 

– in a slightly bent posture for long periods?	yes	1	no	2
– in a heavily bent posture for long periods?	yes	1	no	2
– in a slightly twisted posture for long periods?	yes	1	no	2
– in a heavily twisted posture for long periods?	yes	1	no	2
– in a bent and twisted for long periods?	yes	1	no	2
  
6. Do you in your work often have to:
 

– bent your neck forward or hold your neck in a forward posture for long periods?	yes	1	no	2
– bent your neck backward or hold your neck in a backward posture for long periods?	yes	1	no	2
– twist your neck or hold your neck in a twisted posture for long periods?	yes	1	no	2
  
7. Do you in your work often have to:
 

– bent your wrist or hold your wrist bent for long periods?	yes	1	no	2
– twist your wrist or hold your wrist twisted for long periods?	yes	1	no	2
  
8. Do you in your work often have to make:
 

– the same movements with your arms, hands or fingers many times per minute?	yes	1	no	2
– the same movements (bending, twisting) with your trunk many times per minute?	yes	1	no	2
– the same movements (bending, twisting) with your head many times per minute?	yes	1	no	2



## Work (4)

1. How many minutes per day do you work with your hands:
 

– above shoulder level?	about	minutes per day
– under knee level?	about	minutes per day

 (if not applicable, insert a '0')
  
2. Do you in your work often have to:
 

– reach with your arms or hands?	yes	1	no	2
– hold your hands at or under shoulder level?	yes	1	no	2
– hold your hands above shoulder level?	yes	1	no	2
– work in uncomfortable postures?	yes	1	no	2
  
3. Do you in your work often have to:
 

– stand for long periods?	yes	1	no	2
– sit for long periods?	yes	1	no	2
– walk for long periods?	yes	1	no	2
– work kneeled or squatted for long periods?	yes	1	no	2
– work in the same posture for long periods?	yes	1	no	2
  
4. Do you in your work often have to:
 

– sit on your knees or move on your knees?	yes	1	no	2
– operate pedals with your feet?	yes	1	no	2
– climb stairs?	yes	1	no	2
– walk on irregular surfaces?	yes	1	no	2
– lay on your back?	yes	1	no	2
  
5. Do you in your work often hold vibrating tools?
 

yes	1	no	2
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6. Do you in your work often have:
 

– insufficient space to do your work properly?	yes	1	no	2
– insufficient space above you which forces you to bent forward?	yes	1	no	2
– insufficient height or reach to be able to reach things with your tools?	yes	1	no	2
  
7. Do you in your work often have:
 

– difficulties exerting enough force because of uncomfortable postures?	yes	1	no	2
– nothing to lean on?	yes	1	no	2
  
8. Do you in your work often have to:
 

– make sudden, unexpected movements?	yes	1	no	2
– perform short, but maximal force-exertions?	yes	1	no	2
– exert great force with your arms or hands?	yes	1	no	2
– hold things in a pinch grip with your hands?	yes	1	no	2
– exert great force on tools or machinery?	yes	1	no	2
  
9. Do you sometimes slip or fall during your work?
 

yes	1	no	2
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## Work (5)

1.	– Is your work physically very strenuous?	yes	1	no	2
	– Is your work mentally very exacting?	yes	1	no	2
2.	Does your work cause you to perspire or to be out of breath?	yes	1	no	2
3.	– Is the rate at which or the pressure under which you have to work regularly fairly high?	yes	1	no	2
	– Are you regularly working under pressure of time?	yes	1	no	2
	– Do you have to hurry to be ready on time?	yes	1	no	2
	– Do you regularly have problems with the pace or the busyness of your work?	yes	1	no	2
	– Should you really be taking it somewhat easier in your work?	yes	1	no	2
	– is your work often too tiring?	yes	1	no	2
4.	– Do you have to work very fast?	yes	1	no	2
	– Do you have very much to do?	yes	1	no	2
	– Do you have to work extra hard?	yes	1	no	2
	– Do you have enough time in general to finish all your work in time?	yes	1	no	2
	– Is your work hectic or is it a madhouse?	yes	1	no	2
5.	– Can you determine yourself how to carry out your work?	yes	1	no	2
	– Are there in general enough tools available at your work	yes	1	no	2
	– Do you yourself determine the sequence of your tasks?	yes	1	no	2
	– Can you adjust your workplace yourself ( <i>think of the height of e.g. your chair, table</i> )?	yes	1	no	2
	– Do you decide yourself when to carry out a task?	yes	1	no	2
	– Can you leave your workplace easily if you wish to do that?	yes	1	no	2
	– Can you interrupt your work if you wish to do that?	yes	1	no	2
	– Can you control your working pace yourself?	yes	1	no	2
6.	– Are you mentally exhausted by your work?	yes	1	no	2
	– Do you feel empty at the end of a working day?	yes	1	no	2
	– Do you feel tired when you wake up at the start of a new working day?	yes	1	no	2
	– Do you feel 'burned-out' by your work?	yes	1	no	2
	– Are you frustrated by your job?	yes	1	no	2
	– Do you think that you have too much to do at work?	yes	1	no	2
	– Do you feel things are too much for you?	yes	1	no	2
7.	– Is your work mostly interesting?	yes	1	no	2
	– Do you have enough variety in your work?	yes	1	no	2
	– Do you consider your work too simple?	yes	1	no	2
	– Do you have enough training to perform your tasks?	yes	1	no	2
	– Do you mostly enjoy your work?	yes	1	no	2

## Work (6)

1. Are you much hindered in your work by:
 

– noise?	yes	1	no	2
– lack of fresh air?	yes	1	no	2
– dry air?	yes	1	no	2
– changes or extremes of temperature?	yes	1	no	2
– bad smells or stench?	yes	1	no	2
  
2.
 

– Is your work often hampered by unexpected situations?	yes	1	no	2
– Is your work usually well organized?	yes	1	no	2
– Are there sufficient possibilities for consultation about your work?	yes	1	no	2
– Is your work often hindered by the absence of others?	yes	1	no	2
– Are you regularly hindered in your work by deficiencies in the work of others?	yes	1	no	2
  
3.
 

– Are you working under a good supervision?	yes	1	no	2
– Are you often annoyed by others at your work?	yes	1	no	2
– Does the supervision sufficiently regard what you say?	yes	1	no	2
– Do you find the atmosphere at work all right?	yes	1	no	2
– Does the supervision have a correct picture of you in your work?	yes	1	no	2
– Does the supervision provide enough support in your work?	yes	1	no	2
– Can you count upon the support of one of your colleagues if necessary?	yes	1	no	2
– Are you kept informed on what is going on in your company?	yes	1	no	2
  
4.
 

– Are there circumstances in your work that adversely affect your private life?	yes	1	no	2
– Are there circumstances in your private life that adversely affect your work?	yes	1	no	2
– Do you take problems at work with you to your home?	yes	1	no	2
– Do you take problems at home with you to your work?	yes	1	no	2
– Do you consider the safety at work all right?	yes	1	no	2
– Are your prospects good with this employer?	yes	1	no	2
– Are there enough possibilities for a good career at your work?	yes	1	no	2
– Do you feel that you are sufficiently valued in this company?	yes	1	no	2
– Do you think your pay is appropriate for the work you are doing?	yes	1	no	2
  
5.
 

– Does your work require skills?	yes	1	no	2
– Do you have enough variety in your work?	yes	1	no	2
– Does your job require that you learn new things??	yes	1	no	2
– Does your job require creativity?	yes	1	no	2
– Do you have the opportunity to develop your skills?	yes	1	no	2
– Do you have to carry out the same actions again and again over a short period of time?	yes	1	no	2
  
6. All in all, does your work suit you well, reasonably well, not too badly or badly?
 

well	1
reasonably well	2
not too badly	3
badly	4

## Leisure time

1. Please indicate the number of hours per week you are travelling in a motor vehicle (e.g. car, bus, but not a train):
 

– during your work?	about	hours per week
– during commuting?	about	hours per week
– in your leisure time?	about	hours per week

 (if not applicable, please write '0')
  
2. How often did you engage in sports or strenuous exercise in your leisure time during the past four months which lasted long enough to perspire?
 

not	1
less than once a month	2
about once a month	3
about 2 - 3 times per month	4
about 1 - 2 times per week	5
3 or more times per week	6
  
3. Did you do physically strenuous sports during the past 12 months?
 

yes	1	no	2
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 If yes:
 

– do you participate in a competition?	yes	1	no	2
– how many hours <u>per</u> week on average?				hours per week
– how many months <u>per</u> year?				months per jaar
– how many years?				years
– which sport(s)?				

 'if you participate in several sports, please indicate which you perform most intensely)
 

1 athletics	8 fitness/aerobics	15 motorsports	22 surfing	29 walking
2 badminton	9 golf	16 hang-gliding	23 table tennis	30 water sports
3 basketball	10 handball	17 rowing	24 tennis	31 cycling
4 mountaineer	11 hockey	18 skating	25 gymnastics	32 sailing
5 bowling	12 horse riding	19 shooting	26 boxing/fencing	33 swimming
6 dance/ballet	13 weight training	20 skiing	27 volleyball	34 other:..
7 biking	14 rugby	21 squash	28 (indoor)football	.....
  
4. Did you have a sports injury during the past 12 months which forced you to stop training or competition or prevented you from playing the next time?
 

yes	1	no	2
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 If yes: which bodily region? (if you had several injuries, please indicate the most severe injury)
 

1 neck	1 shoulders	1 hips/thigh	1 head	1 groin
1 upper back	1 elbows	1 knees	1 arms	1 legs
1 lower back	1 wrists/hands	1 ankles/feet	1 belly	
  
5. Did you have sick leave caused by a sports injury during the past 12 months?
 

yes	1	no	2
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 If yes: – how many working days?
 

			days
--	--	--	------
  
6. Have you been treated medically for a sport injury during the past 12 months?
 

yes	1	no	2
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## Low back pain (1)

Complete these questions only if you had low back pain during the past 12 months.

1. Please indicate your age when you experienced your low back pain for the first time: My age was: ? ? year
  
2. What caused your low back pain:
 

– a sports injury?	yes	1	no	2
– an accident?	yes	1	no	2
– a sudden movement?	yes	1	no	2
– the lifting of a heavy load?	yes	1	no	2
– a bad posture during a long period?	yes	1	no	2
– stress?	yes	1	no	2
– the climate (draught, coldness, moisture)?	yes	1	no	2
<i>(only for females):</i>				
– a pregnancy, delivery	yes	1	no	2
– menstruation?	yes	1	no	2
  
3.
 

– Is your low back pain associated with your work?	yes	1	no	2
– is your low back pain associated with leisure time activities?	yes	1	no	2
– Did your low back pain start during your current work?	yes	1	no	2
  
4. How often have you had separate spells of low back pain during the past 12 months?
 

		once		1
		between 2-4 times		2
		between 5-10 times		3
		more than 10 times		4
		my complaints are always there		5
  
5. How many days were you on sick leave during the past 12 months due to your low back pain?
 

		none		1
		1-7 days		2
		8-14 days		3
		15-28 days		4
		between 1-3 months		5
		longer than 3 months		6
  
6. How long was the longest spell of your low back pain during the past 12 months?
 

		less than one day		1
		1-7 days		2
		1-4 weeks		3
		5-7 weeks		4
		between 8 weeks and 3 months		5
		3-12 months		5
  
7. Did you have radiating low back pain (to the legs) during the past 12 months to:
 

– the left and/or right knee?	yes	1	no	2
– the left and/or right ankle/foot?	yes	1	no	2

## Low back pain (2)

Complete these questions only if you had low back pain during the past 12 months.

8. Please describe the last period of your low back pain
- |  |   |
|--|---|
| cured completely within a few days                 | 1 |
| cured completely, but it took a few weeks          | 2 |
| cured not entirely, sometimes my symptoms do recur | 3 |
| not cured, my symptoms persisted                   | 4 |
| not cured, but my symptoms started only recently   | 5 |
9. –Is your low back pain getting worse? yes 1 no 2
- Is the severity of your low back pain varying widely? yes 1 no 2
- Did your low back pain start suddenly? yes 1 no 2
- Does your low back pain hinder your sleep? yes 1 no 2
- Does your low back pain persist during holidays? yes 1 no 2
- Are you getting up in the morning with a stiff feeling in your lower back? yes 1 no 2
- Do you have a numb, dead or tingling feeling in the legs when you have to sneeze, cough or strain? yes 1 no 2
10. Did you ever had:
- lumbago? yes 1 no 2
- a herniated (slipped) lumbar disc? yes 1 no 2
- a medical treatment due to your low back pain? yes 1 no 2
- a hospitalisation due to your low back pain? yes 1 no 2
11. How many times during the past 12 months did your low back pain cause you to:
- consult a physician yes 1 no 2
- consult a physiotherapist, chiropractor or osteopath? yes 1 no 2
12. Is your low back pain causing trouble when:
- |  | I do this<br>never | no<br>trouble | little<br>trouble | much<br>trouble |
|--|--------------------|---------------|-------------------|-----------------|
| standing for a long period                           | 1                  | 2             | 3                 | 4               |
| sitting for a long period                            | 1                  | 2             | 3                 | 4               |
| moving loads (more than 5 kg)                        | 1                  | 2             | 3                 | 4               |
| moving heavy loads (more than 20 kg)                 | 1                  | 2             | 3                 | 4               |
| performing jobs which require exertion of arms/hands | 1                  | 2             | 3                 | 4               |
| working with vibrating tools                         | 1                  | 2             | 3                 | 4               |
| driving in vehicles                                  | 1                  | 2             | 3                 | 4               |
| working in uncomfortable postures                    | 1                  | 2             | 3                 | 4               |
| working in the same postures for a long period       | 1                  | 2             | 3                 | 4               |
13. – Are you partly disabled due to your low back pain? yes 1 no 2
- Did you change your work in the past due to your low back pain? yes 1 no 2
- Are your workplace, tools or working hours adjusted due to your low back pain? yes 1 no 2

## Neck and/or shoulder pain (1)

Complete these questions only if you had neck and/or shoulder pain during the past 12 months.

14. Please indicate your age when you experienced your neck and/or shoulder pain for the first time My age was: ? ? year
15. What caused your neck and/or shoulder pain:
- |  |     |   |    |   |
|--|-----|---|----|---|
| – a sports injury?                           | yes | 1 | no | 2 |
| – an accident?                               | yes | 1 | no | 2 |
| – a sudden movement?                         | yes | 1 | no | 2 |
| – the lifting of a heavy load?               | yes | 1 | no | 2 |
| – a bad posture during a long period?        | yes | 1 | no | 2 |
| – stress?                                    | yes | 1 | no | 2 |
| – the climate (draught, coldness, moisture)? | yes | 1 | no | 2 |
| <i>(only for females):</i>                   |     |   |    |   |
| – a pregnancy, delivery                      | yes | 1 | no | 2 |
16. – Is your neck and/or shoulder pain associated with your work? yes 1 no 2
- Is your neck and/or shoulder pain associated with leisure time activities? yes 1 no 2
- Did your neck and/or shoulder pain start during your current job? yes 1 no 2
17. How often have you had separate spells of neck and/or shoulder pain during the past 12 months?
- |  |                                |   |
|--|--------------------------------|---|
|  | once                           | 1 |
|  | between 2-4 times              | 2 |
|  | between 5-10 times             | 3 |
|  | more than 10 times             | 4 |
|  | my complaints are always there | 5 |
18. How many days were you on sick leave during the past 12 months due to your neck and/or shoulder pain?
- |  |                      |   |
|--|----------------------|---|
|  | none                 | 1 |
|  | 1-7 days             | 2 |
|  | 8-14 days            | 3 |
|  | 15-28 days           | 4 |
|  | between 1-3 months   | 5 |
|  | longer than 3 months | 6 |
19. How long was the longest spell of your neck and/or shoulder pain during the past 12 months?
- |  |                              |   |
|--|------------------------------|---|
|  | less than one day            | 1 |
|  | 1-7 days                     | 2 |
|  | 1-4 weeks                    | 3 |
|  | 5-7 weeks                    | 4 |
|  | between 8 weeks and 3 months | 5 |
|  | 3-12 months                  | 6 |
20. Did you have radiating neck and/or shoulder pain (to the arms) during the past 12 months to:
- |   |     |   |    |   |
|---|-----|---|----|---|
| – the left and/or right upper arm/elbow?    | yes | 1 | no | 2 |
| – the left and/or right forearm/wrist/hand? | yes | 1 | no | 2 |

## Neck and/or shoulder pain (2)

Complete these questions only if you had neck and/or shoulder pain during the past 12 months.

21. Please describe the last period of your neck and/or shoulder pain
- |  |   |
|--|---|
| cured completely within a few days                 | 1 |
| cured completely, but it took a few weeks          | 2 |
| cured not entirely, sometimes my symptoms do recur | 3 |
| not cured, my symptoms stayed                      | 4 |
| not cured, but my symptoms started only recently   | 5 |
22. –Is your neck and/or shoulder pain getting worse? yes 1 no 2
- Is the severity of your neck and/or shoulder pain strongly varying? yes 1 no 2
- Did your neck and/or shoulder pain start suddenly? yes 1 no 2
- Does your neck and/or shoulder pain hinder your sleep? yes 1 no 2
- Does your neck and/or shoulder pain persist during holidays? yes 1 no 2
- Are you getting up in the morning with a stiff feeling in your neck or shoulders? yes 1 no 2
- Do you have a deaf, dead or twinkling feeling in your arms or hands? yes 1 no 2
- Does your neck and/or shoulder pain radiate into the arms when you have to sneeze, cough or squeeze? yes 1 no 2
23. Did you ever had:
- a frozen shoulder? yes 1 no 2
- a herniated cervical disc? yes 1 no 2
- a medical treatment due to your neck and/or shoulder pain? yes 1 no 2
- a hospitalisation due to your neck and/or shoulder pain? yes 1 no 2
24. How many times during the past 12 months did you due to your neck and/or shoulder pain:
- consult a physician yes 1 no 2
- consult a physiotherapist, chiropractor or osteopath? yes 1 no 2
25. Is your neck and/or shoulder pain causing trouble when:
- |  | I do this<br>never | no<br>trouble | little<br>trouble | much<br>trouble |
|--|--------------------|---------------|-------------------|-----------------|
| standing for a long period                           | 1                  | 2             | 3                 | 4               |
| sitting for a long period                            | 1                  | 2             | 3                 | 4               |
| moving loads (more than 5 kg)                        | 1                  | 2             | 3                 | 4               |
| moving heavy loads (more than 20 kg)                 | 1                  | 2             | 3                 | 4               |
| performing jobs which require exertion of arms/hands | 1                  | 2             | 3                 | 4               |
| working with vibrating tools                         | 1                  | 2             | 3                 | 4               |
| driving in vehicles                                  | 1                  | 2             | 3                 | 4               |
| working in uncomfortable postures                    | 1                  | 2             | 3                 | 4               |
| working in the same postures for a long period       | 1                  | 2             | 3                 | 4               |
| making repetitive movements with arms or hands       | 1                  | 2             | 3                 | 4               |



## Your own opinion (1)

Down beneath you can indicate which tasks **cause** symptoms. You are also invited to suggest how to **improve** these tasks.

1. Please indicate which jobs are heavy for the **low back** and ways to improve those jobs.

**heavy tasks for the low back:**

task 1.

task 2.

task 3.

**how to improve:**

task 1.

task 2.

task 3.

2. Please indicate which jobs are heavy for the **neck and/or shoulders** and ways to improve those jobs

**heavy tasks for the neck/shoulders:**

task 1.

task 2.

task 3.

**how to improve:**

task 1.

task 2.

task 3.

3. Please indicate which jobs are heavy for the **arms (elbows, wrists, hands)** and ways to improve those jobs

**heavy tasks for the arms:**

task 1.

task 2.

task 3.

**how to improve:**

task 1.

task 2.

task 3.

4. Please indicate which jobs are heavy for the **knees** and ways to improve those jobs

**heavy tasks for the knees:**

task 1.

task 2.

task 3.

**how to improve:**

task 1.

task 2.

task 3.

## Your own opinion (2)

Down beneath you can indicate which tasks cause symptoms. You are also invited to suggest how to improve these tasks.

5. Every job has its 'heavy tasks'. Please indicate below which heavy tasks you have in your work and how to improve them.

**heavy or uncomfortable task:**

task 1.

task 2.

task 3.

**how to improve:**

task 1.

task 2.

task 3.

6. In many jobs, there are some very heavy tasks which are not conspicuous because the task is seldomly performed or takes a very short period of time. If there are such tasks in your work, please name them below and indicate how to improve them.

**kind of work:**

task 1.

task 2.

task 3.

**how to improve:**

task 1.

task 2.

task 3.

If you use tools which are not suitable for your job, please indicate which tools and how to improve them.

**unsuitable tools:**

1.

2.

3.

**how to improve:**

1.

2.

3.

If you have health complaints related to your work which have not been addressed so far, please name them below and indicate to which tasks they are related.

**health complaint:**

**related to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Work (2)

Short version only

1. Do you in your work often have to:
 

– lift, push, pull or carry heavy loads (more than 5 kg)?	yes	1	no	2
– lift, pull, push or carry very heavy loads (exceeding 20 kg)?	yes	1	no	2
– exert great force on tools?	yes	1	no	2
  
2. Do you in your work often have to bend or twist with your:
 

– trunk?	yes	1	no	2
– neck?	yes	1	no	2
– wrists/hands?	yes	1	no	2
  
3. Do you in your work often have to work in a bent, stooped or twisted posture for long periods of time with your:
 

– trunk?	yes	1	no	2
– neck?	yes	1	no	2
– wrists?	yes	1	no	2
  
4. Do you in your work often have to make short repetitive movements with your:
 

– trunk?	yes	1	no	2
– neck?	yes	1	no	2
– wrists?	yes	1	no	2
  
10. Do you in your work often have to:
 

– reach with your arms or hands?	yes	1	no	2
– hold your arms at or above shoulder level?	yes	1	no	2
– work in uncomfortable postures?	yes	1	no	2
– work in the same posture for long periods of time?	yes	1	no	2
– make frequent repetitive movements with your arms, hands or fingers?	yes	1	no	2
  
11. Do you in your work often for long periods of time have to:
 

– stand?	yes	1	no	2
– sit?	yes	1	no	2
– walk?	yes	1	no	2
– kneel or squat?	yes	1	no	2
  
12. Do you, in your work, often hold vibrating tools or materials?
 

yes	1	no	2
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13. How many minutes per day do you work with your hands:
 

– above shoulder level?	about	minutes per day
– below knee level?	about	minutes per day

(if not applicable, insert a '0')