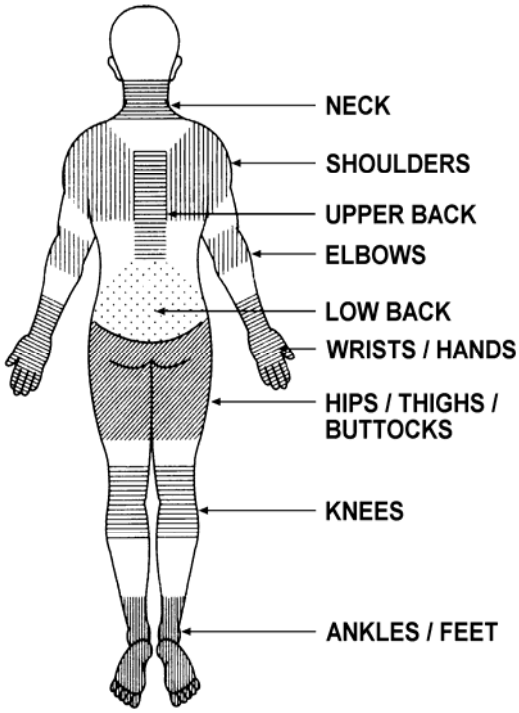
Body mapping tool

This section asks about musculoskeletal disorders, such as aches or pains, you may have had recently. Please use the tick boxes - ☐ - to answer each of the four questions for each part of the body shown in the picture on the right.

The picture shows how the body has been divided. The areas of the body are not sharply defined and some parts overlap. You should decide for yourself which part (if any) is or has been affected.

Please make sure you put one tick only for each question. For example, you could answer 'Yes' for the right elbow, or the left elbow, or both elbows.



Have you at any time during the **last three months** had trouble (such as ache, pain, discomfort, numbness, tingling, or pins and needles) in your:		Have you had this trouble during the last **seven days**?	During the **last three months** has this trouble prevented you carrying out normal activities (e.g. job, housework, hobbies)?	During the **last three months** has this trouble been caused or made worse by your job?
Neck	**1** No 1☐ Yes 2☐	**2** No 1☐ Yes 2☐	**3** No 1☐ Yes 2☐	**4** No 1☐ Yes 2☐Caused 3☐Made worse
Shoulders	**5** No 1☐ Yes 2☐Right only 3☐Left only 4☐Both	**6** No 1☐ Yes 2☐Right only 3☐Left only 4☐Both	**7** No 1☐ Yes 2☐Right only 3☐Left only 4☐Both	**8** No 1☐ Yes 2☐Caused 3☐Made worse
Elbows	**9** No 1☐ Yes 2☐Right only 3☐Left only 4☐Both	**10** No 1☐ Yes 2☐Right only 3☐Left only 4☐Both	**11** No 1☐ Yes 2☐Right only 3☐Left only 4☐Both	**12** No 1☐ Yes 2☐Caused 3☐Made worse
Wrists/ hands	**13** No 1☐ Yes 2☐Right only 3☐Left only 4☐Both	**14** No 1☐ Yes 2☐Right only 3☐Left only 4☐Both	**15** No 1☐ Yes 2☐Right only 3☐Left only 4☐Both	**16** No 1☐ Yes 2☐Caused 3☐Made worse

Upper back	**17** No Yes 1☐ 2☐	**18** No Yes 1☐ 2☐	**19** No Yes 1☐ 2☐	**20** No Yes 1☐ 2☐Caused 3☐Made worse
Lower back (small of back)	**21** No Yes 1☐ 2☐	**22** No Yes 1☐ 2☐	**23** No Yes 1☐ 2☐	**24** No Yes 1☐ 2☐Caused 3☐Made worse
Hips/ thighs/ buttocks	**25** No Yes 1☐ 2☐Right only 3☐Left only 4☐Both	**26** No Yes 1☐ 2☐Right only 3☐Left only 4☐Both	**27** No Yes 1☐ 2☐Right only 3☐Left only 4☐Both	**28** No Yes 1☐ 2☐Caused 3☐Made worse
Knees	**29** No Yes 1☐ 2☐Right only 3☐Left only 4☐Both	**30** No Yes 1☐ 2☐Right only 3☐Left only 4☐Both	**31** No Yes 1☐ 2☐Right only 3☐Left only 4☐Both	**32** No Yes 1☐ 2☐Caused 3☐Made worse
Ankles/ feet	**33** No Yes 1☐ 2☐Right only 3☐Left only 4☐Both	**34** No Yes 1☐ 2☐Right only 3☐Left only 4☐Both	**35** No Yes 1☐ 2☐Right only 3☐Left only 4☐Both	**36** No Yes 1☐ 2☐Caused 3☐Made worse