

Table 1: Example of a Questionnaire which may be used by Employers

Date of assessment:	Employee No./Payroll No:
Name:	
D.O.B:	
Job Title:	
Any change in duties/hours since last questionnaire?	No Yes -
<u>RECENT EXPERIENCE</u>	
Is there <u>currently</u> any movement or activity that causes you pain in your back/neck/shoulder?	No Yes –
Have you suffered any back/neck/shoulder pain <u>in the last 12 months?</u>	No Yes –
Please describe the severity of the pain experienced:	
No Pain	Pain as bad as it could be
0 1 2 3 4 5 6 7 8 9 10	
<i>NOTE – if indicate severity above 5 should refer on for further advice, however if rank less than 5 but for 3 consecutive assessments then again refer for further advice*</i>	
Have you had to take any medication to deal with the pain experienced?	No Yes – refer for further advice*
Have you had to seek medical advice regarding this pain?	No Yes – refer for further advice*
Has this back/neck/shoulder pain resulted in time off from work?	No Yes – refer for further advice*
Have you had any accidents or injury to the back/neck/shoulder in the last 2 years?	No Yes – refer for further advice*
<u>ACTION/ADVICE</u>	
Referral for further advice?	
Other advice provided?	

* Further advice should be sought from an occupational health professional or GP in these cases