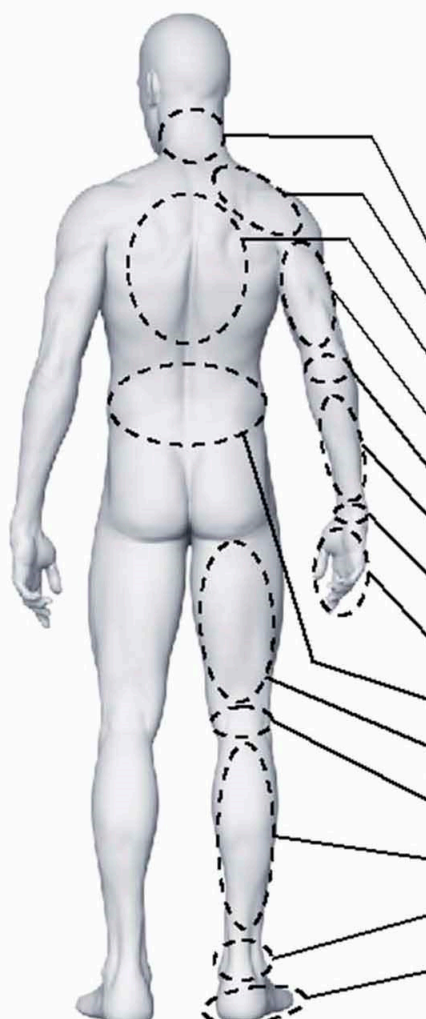


## File S1: SELF ASSESSMENT MUSCULOSKELETAL PAIN / DISCOMFORT SURVEY FORM (Refer to Part 2.1)

### Instruction:

1. Tick (✓) on any body parts (Column A) if you feel discomfort/pain during your work in the last 12 months
2. For those body parts you were feeling pain/discomfort, tick (✓) (Column B) if in your opinion, the pain is due to your work.



Body Parts	A		B	
	I have pain/ discomfort in the following body parts.		I think the pain/ discomfort comes from work.	
Neck				
Shoulder				
Upper back				
Upper arm	L	R	L	R
Elbow	L	R	L	R
Lower arm	L	R	L	R
Wrist	L	R	L	R
Hand	L	R	L	R
Lower back				
Thigh	L	R	L	R
Knee	L	R	L	R
Calf	L	R	L	R
Ankle	L	R	L	R
Feet	L	R	L	R

Name: \_\_\_\_\_ Staff ID No.: \_\_\_\_\_

Department: \_\_\_\_\_ Job tasks: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_

*(Do not write anything in the below section. To be filled by trained person only)*

Is/Are the symptom(s) work related? Yes ☐ No ☐

Comments: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Signature and stamp: \_\_\_\_\_

Date: \_\_\_\_\_