

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: _____