

Musculoskeletal Job Index Survey

There are **33 questions**, which will take approx. **15-20 minutes**. Answer these based on how you conduct your work. The interest is on those situations where you use muscular force, the presence of contact stress, awkward posture and repetition could increase the risk of musculoskeletal discomfort and/or injury.

Name:
Date:

Occupation:
Department:

Part One: Job Context – 1 Minute

1. Which best describes the location you work?

- ^{1A} Indoor/Outdoor Operations ^{2A} Office or Clerical

2. During your work activities, what is the primary posture you are in?

- ^{2A} Seated ^{2B} Standing ^{2C} Both/Varied

3. Is your input included in the selection of tools/equipment or organization of the work?

- ^{3A} None ^{3B} Little ^{3C} Some ^{3D} A Lot

Part Two: Contact Stress - 5 Minutes

Contact stress happens when there is pressure between soft tissue and a hard object. For example, when the edge of a work surface digs into your forearm or wrist.

4. How much total time do you **lean** or **rest** on sharp objects or edges?

- ^{4A} Doesn't apply to me
^{4A} Sometimes (0-30 minutes)
^{4B} Occasionally (30 minutes to 2.5 hours)
^{4C} Frequently (More than 2.5 hours)

5. For how many hours of your shift do you kneel on a hard or rough surface without personal protection such as kneepads?

- ^{5A} Doesn't apply to me ^{5B} Less than 30 minutes
^{5C} 30 minutes – one hour ^{5D} More than one hour

6. What statements apply when you use tools or handle objects for **more than 30 minutes**?

- ^{6A} Too large/small to grip ^{6B} Slippery
^{6C} Irregular shape/unbalanced ^{6D} Unsuitable hand hold

7. Do you use any body part as a make shift tool (e.g. using your palm or knee to apply force)?

- ^{7A} Doesn't apply to me ^{7B} Yes, less than 1 hour
^{7C} Yes, more than 1 hour

Part Three: Force – 3 Minutes

Force is the muscular effort you are required to exert when performing a work task or activity.

8. Which surfaces are you required to push/pull or maneuver equipment/objects on during your work activities.

- ^{8A} Smooth ^{8B} Soft (Sand, Mud, Grass)
^{8C} Rough (Gravel, Tile, Uneven) ^{8A} Doesn't apply

9. Are you required to **regularly** push, pull or move heavy objects without a mechanical aid (e.g. wheelbarrow, dolly)?

- ^{9A} No ^{9B} Yes

10. What is the **average weight** of tools or objects you pick up, carry or support without mechanical assistance?

- ^{10A} Doesn't apply to me ^{10B} Light (Less than 5 lbs)
^{10C} Moderate (5-18 lbs) ^{10D} Heavy (More than 18 lbs)

11. Is it hard to start tools or equipment and/or does it require a maintained forceful exertion to use (e.g. pulling on a cord on a lawnmower or depressing a pedal).

- ^{11A} No/Doesn't apply to me ^{11B} Sometimes ^{11C} Yes

12. When **pushing/pulling** objects for which the standard operating procedure requires more than one person or a mechanical assistance, do you get the assistance required?

- ^{12A} Doesn't apply to me ^{12B} Yes
^{12C} Sometimes ^{12D} No ^{6E} None of the above

Part Four: Awkward Posture – 5 Minutes

Awkward postures happen when various parts of the body move away from a straight or neutral position (i.e. bent, extended or flexed).

13. During your work activities, which of these upper body postures apply when standing/sitting? Select all that apply.

^{13A} Neutral ^{13B} Leaning Forward/Backward (15°)

^{13C} Leaning Forward/Backward (Greater than 15°)

^{13D} Leaning Sideways

14. When in those postures selected above, do you twist your upper body to either side without changing the position of your feet while sitting or standing?

^{14A} No ^{14B} Sometimes ^{14C} Yes

15. **When standing**, which of these work zones are your hands in when you perform your work activities? Select all that apply.

^{15A} Floor to ankle / above the head

^{15B} Calf to mid-thigh / shoulder to head (**Occasionally**)

^{15C} Calf to mid-thigh / shoulder to head (**Prolonged**)

^{15D} Waist level

16. Are your arms **outstretched** (i.e. straight forward) when seated or standing?

^{16A} Occasionally ^{16B} Frequently ^{16C} No

17. When your arms are **outstretched**, are you also holding a tool or moving an object?

^{17A} No ^{17B} Yes, less than 5 lbs ^{17C} Yes, 5-10 lbs

^{17D} Yes, more than 10 lbs

18. During your work activities, is your head in any of the positions listed below **more than occasionally**? Select all that apply.

^{18A} Neutral ^{18B} Head pointed up/down less than 15°

^{18C} Head pointed up/down or to the side more than 15°

19. During your work activities, what is your most frequent range of motion for your wrist (**up/down**)?

^{19A} 0 to +/-10° ^{19B} +10° to 30° ^{19C} 30°+

20. During your work activities, what is your most frequent range of motion for your wrist (**side to side**)?

^{20A} 0 to +/-10° ^{20B} +10° to 20° ^{20C} 20°+

21. Do your work activities allow you to keep all objects close to your body when you handle, push, pull, lift, etc.?

^{21A} Yes ^{21B} Sometimes ^{21C} No

Part Five: Repetition – 5 Minutes

Repetitive movements are repeated quickly over a period of time, causing discomfort.

22. During your work activities, how much time do you spend repeating **similar movements**?

^{22A} 0-30 minutes ^{22B} 30 minutes - 2 hours

^{22C} 2 - 4 hours ^{22D} 4+ hours

23. What is the total time you move your wrist **up and down more than 15 degrees**?

^{23A} Doesn't apply to me ^{23B} 0-1 hour

^{23C} 1-2 hours ^{23D} 2+ hours

24. What is the total time you move your wrist **side to side more than 15 degrees**?

^{24A} Doesn't apply to me ^{24B} 0-1 hour

^{24C} 1-2 hours ^{24D} 2+ hours

25. When you are handling tools and/or objects, how often do you exert muscular force?

^{25A} Rarely (0-5 minutes) ^{25B} Seldom (5-25 minutes)

^{25C} Occasionally (30 minutes – 2 ½ hours)

^{25D} Frequently (2 ½ hours – 5 ½ hours)

^{25E} Constantly (More than 5 ½ hours)

26. Do you perform a pinch grip on a tool/object that weighs more than 2 lbs? A **pinch grip** is when the hand grasps an object with the thumb on one side and the fingers on the opposite side (as if you were holding a pencil).

- 26A Doesn't apply to me 26B 0-2 hours
26C 2+ hours

27. Do you perform a power grip on a tool/object that weighs more than 10 lbs? A **power grip** is when you wrap your fingers and thumb around an object (as if you were holding a hammer).

- 27A Doesn't apply to me 27B 0-2 hours
27C 2+ hours

28. Do you experience vibration when you are using tools/objects or whole body vibration when operating equipment in the workplace?

- 28A Doesn't apply to me 28B Yes, less than 1 hour
28C Yes, 1 – 4 hours 28D Yes, more than 4 hours

29. Think of items/equipment/objects you push or pull in the workplace that are **heavier than 80lbs**. For how long do you push or pull these heavy items over rough (gravel, tile, uneven) or soft (sand, mud, grass) surfaces?

- 29A Doesn't apply to me 29B 5 minutes or less
29C 5 minutes to 1 hour 29D More than 1 hour

Part Six: Environmental Factors – 1 Minute

Lastly, let's understand how the environment around you might impact your ability to perform work comfortably.

30. Considering your background/external environment, are you distracted by noise (e.g. sirens, loud voices, traffic)?

- 30A No 30B Yes, somewhat 30C Yes, a lot

31. Considering your work activities, are you affected by glare (e.g. sun in the eyes, sun bouncing of an object into your eyes)?

- 31A No 31A Rarely
31B Yes, somewhat 31C Yes, a lot

32. Considering your work activities are you able to easily see fine details if it is required for you to perform your job?

- 32A Yes 32B No 32C Doesn't apply to me

33. If you are working in a cool/cold environment, do you feel discomfort in your extremities (arms/legs) and/or back?

- 33A No 33B Yes

Survey Complete!

Thank you for answering these questions as it relates to your work activities. No individual results will be released. The results of this survey will be used to generate a report for your Supervisor. **Your name will not be included on the report.**