

Employee musculoskeletal health survey

Please use this employee musculoskeletal (MSK) health survey as a template for your organization.

We are committed to supporting the health and wellbeing of all employees. The survey findings will help us better understand our employees' needs around musculoskeletal health. It will also help us understand how we can best support you. The survey will run from DATE to DATE.

All responses will be anonymous, confidential and reported in aggregate. Your feedback is valuable, and we appreciate you taking the time to complete this.

Following analysis of the findings, we'll share the results with (i.e., the organization or other opinions for team specific) as well as our action plans.

Thank you,
EMPLOYER NAME

Please answer all of the questions below.

1. Please select your age range.

- Under 30
- 30 – 39
- 40 – 49
- 50 – 59
- 60+

2. What is your current job title? (each employer will modify relevant job titles)

- Truck loader/driver
- Shipment assembler
- Building supplies handler
- Forklift operator
- Assembly line worker
- Stockpile
- Other – please specify _____

3. Which languages do you speak fluently? (Check all that apply)
- English
 - French
 - Other – Please specify _____
 - Prefer not to say _____
4. How often do you exercise during a typical work week?
- None at all
 - 1 – 2 times
 - 3 – 4 times
 - 4 – 7 times
 - 7+ times
5. What is your current level of physical fitness?
- Novice
 - Intermediate
 - Advanced
 - I prefer not to answer
6. Do you believe being in good physical shape will enhance your performance and productivity at work?
- Yes
 - No
 - I prefer not to answer
7. How much physical work is required for your job?
- None at all
 - A little
 - A moderate amount
 - A great deal
8. How many hours per day do you perform hard physical work on your job? _____
9. Does your job require you to do repetitive movement such as lifting, pushing, twisting or pulling heavy objects?
- Yes
 - No
10. Among the tasks that you do, which ones do you find the most difficult and why?

11. Do you have any ideas to make your job physically better and/or safer?

12. How satisfied are you with the training you have received to do your job safely?

- Not satisfied
- Satisfied
- Very satisfied

13. Are there any areas of training you would like to see offered and why?

14. How often do you have to handle objects or tools above your shoulder height?

- Never
- Not often
- Regularly
- Very often

15. How often do you have to handle objects or tools near the floor?

- Never
- Not often
- Regularly
- Very often

16. If relevant, have there been any changes or improvements in your tasks, tools, etc.?

- Yes
- No

17. If yes, please describe.

18. Do you currently have pain or swelling in your back caused by either injury or back pain on the job?

- Yes
- No

19. In the last year, have you had pain or discomfort to your back/low back/neck caused by your job that lasted 2 or more days?

- Yes
- No
- Sometimes

20. Has a health-care professional told you that you should avoid or modify certain types of job tasks because of your experienced pain?

- Yes
- No

Thank you for taking the time to complete this survey.