



## FACT SHEET

SAFEWORK NSW

### PERforM – APPENDIX 10

# WORKER DISCOMFORT SURVEY

Provide this survey to workers for individual completion or for working through in a group setting.

Workplace name		Date		
Which work tasks do you think are a problem i.e. the most likely to cause you or others in your team injury, the ones you hate doing? Tasks:				
Do you suffer from swelling, numbness, tingling, pins and needles, stiffness aches and pains in any parts of your body? (circle)		YES	NO	
Please mark on the body diagram where you feel discomfort or pain				
	Rate the discomfort / pain on a scale of 1 to 5			
	1 Slight	2	3 Moderate	4
What do you think caused the problem?				
Do you have any improvement ideas that would reduce the risk of injury?				

This information has been sourced from the Participative Ergonomics for Manual Tasks (PERforM) Handbook Worksafe QLD. For more information please visit [www.safework.nsw.gov.au](http://www.safework.nsw.gov.au)

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LET'S TALK SAFETY