

The Ergonomic Assessment Tool for Arthritis (EATA)

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Part 2 of 2: Client Self-Report Form

Screening Questionnaire

The Self-Report portion of the Ergonomic Assessment Tool for Arthritis (EATA) is somewhat customized for each client, to avoid overwhelming them with pages that are not necessary for describing their work. Five screening questions identify which sections of the EATA are applicable for the individual client.

Give all clients with the Work Diary and Work Organization pages of the Self-Report form. To determine which additional sections of the assessment apply to the client's work, ask them the following screening questions. For every question to which the response is "yes," provide the corresponding section of the form.

Provide the customized Self Report form to the client in advance of the consultation visit, so they may arrive prepared for the remainder of the assessment and consultation for identifying problems and potential solutions.

Does your work involve:	NO	YES
1. Prolonged sitting?	_____	_____ Please complete ' <u>Seated Work</u> ' section.
2. Prolonged standing, kneeling, walking or stair climbing?	_____	_____ Please complete ' <u>Standing Work</u> ' section.
3. A lot of gripping or grasping of objects or hand tools?	_____	_____ Please complete ' <u>Gripping, Grasping and Use of Hand tools</u> ' section.
4. Frequent lifting or carrying?	_____	_____ Please complete ' <u>Lifting and Carrying</u> ' section.
5. Pushing or pulling items (e.g. carts, dollies)?	_____	_____ Please complete ' <u>Pushing and Pulling</u> ' section.

Client Instructions

You have been provided with a number of pages to complete prior to your visit with the occupational therapist (OT). It is important that you complete all of the questions, to the best of your ability, prior to seeing the OT. Thinking about your work by answering the questions will make the best use of your time with the therapist. It may look daunting, but should take less than 45 minutes to do.

Work Diary

Take this diary to work with you one day, and jot down your work activities as you do them or at each break time you have during the day. If you have two jobs, you may complete two diaries. If at all possible, make a sketch of your work station and/or take a couple of photographs to bring with you to the consultation visit.

Self Report Assessment Forms

The remaining pages ask questions about various aspects of your work. The first one is **Work Organization**, and it will be followed by one or more additional forms. These questions refer to your work in general, not a specific day or time. Complete these questions at any time between now and your visit.

Bring all of the completed pages to your visit with the occupational therapist.

Your visit is scheduled as follows:

Day: _____

Time: _____

Place: _____

Therapist: _____

Phone number: _____

If you need to re-schedule, please call the occupational therapist.

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Work Diary

Instructions

- Keep this work diary handy during one work day. Record your main tasks, equipment, tools or materials used and any difficulties you are experiencing for **each half-hour interval** of your working day. (The diary has 24 hours, choose those that match your working day).
- Answer the question at the end of the Work Diary.

Job Overview

Employer: _____ Job Title: _____

How many years have you been working at this job? _____

What are your hours of work? _____

Time	Main Task	Equipment, tools or materials used	Describe any difficulty or discomfort with this task.
<i>Example:</i> 8:00-8:30:	<i>Receive incoming mail, open, sort and deliver</i>	<i>Letter opener, scissors, exacto knife</i>	<i>At times, packages can be difficult to open, scissors are especially uncomfortable</i>
6:00-6:30			
6:30-7:00			
7:00-7:30			
7:30-8:00			
8:00-8:30			
8:30-9:00			
9:00-9:30			
9:30-10:00			
10:00-10:30			
10:30-11:00			

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Time	Main Task	Equipment, tools or materials used	Describe any difficulty or discomfort with this task.
11:00-11:30			
11:30-12:00			
12:00-12:30			
12:30-13:00			
13:00-13:30			
13:30-14:00			
14:00-14:30			
14:30-15:00			
15:00-15:30			
15:30-16:00			
16:00-16:30			
16:30-17:00			
17:00-17:30			
17:30-18:00			
18:00-18:30			
18:30-19:00			
19:00-19:30			
19:30-20:00			
20:00-20:30			
20:30-21:00			
21:00-21:30			

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Time	Main Task	Equipment, tools or materials used	Describe any difficulty or discomfort with this task.
21:30-22:00			
22:00-22:30			
22:30-23:00			
23:00-23:30			
23:30-24:00			
24:00-24:30			
24:30-1:00			
1:00-1:30			
1:30-2:00			
2:00-2:30			
2:30-3:00			
3:00-3:30			
3:30-4:00			
4:00-4:30			
4:30-5:00			
5:00-5:30			
5:30-6:00			

Was this a typical workday? YES / NO

If “NO”, what was different? _____

Work Diary: Work Layout

Sketch your work station or general layout of furniture and equipment below. If possible, attach 2 or more photographs of you working at your work station or doing a typical work task.

A large grid for sketching a work station layout. The grid consists of 20 columns and 20 rows of small squares, providing a space for drawing furniture and equipment.

Work Organization

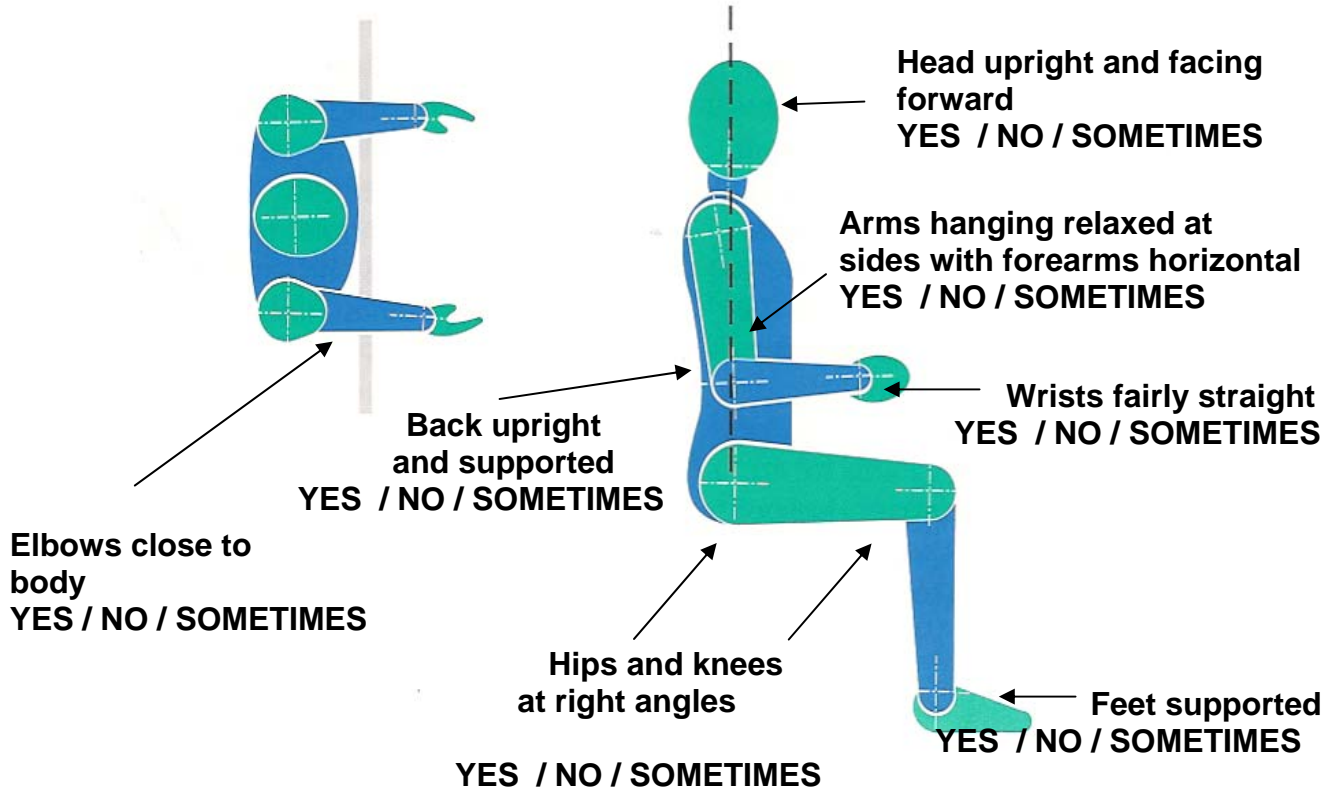
Please **check** whether you agree or disagree with the statements below.

Statement:	Strongly agree	Somewhat agree	Strongly disagree
<p><i>My job involves a lot of repetitive work.</i></p> <p><i>(e.g. same task done over and over through most of the day)</i></p>			
<p><i>My job is one isolated step in the production of a service or product.</i></p>			

Statement:	Strongly agree	Somewhat agree	Strongly disagree
<p><i>My job allows me to do a variety of tasks.</i></p>			
<p><i>I have control over how my job is done.</i></p> <p><i>(e.g. I can change how I do things or the order of tasks)</i></p>			
<p><i>I have control how fast or slow I do my work.</i></p>			
<p><i>My work has many opportunities for short breaks or pauses.</i></p>			

Seated Work

- Does your workstation allow good posture?
- Please answer by circling 'yes', 'no', or sometimes to indicate whether the posture at work is as described.



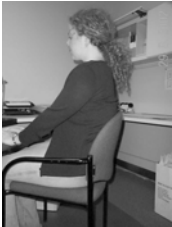




Comments:



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Seated Work

Please read each question below and check the answers that best describe you at work.

Question:		Rarely or never	Up to 2 hours per day	2 hours or more per day	Any pain or problem?	
					NO	YES
<p>Neck</p>  <p><i>Do you have to bend or twist your neck?</i></p>						
<p>Back</p>  <p><i>Do you have to bend or twist your back?</i></p>						
<p>Back</p>  <p><i>When you are sitting is your back support poor?</i></p>						
<p>Shoulder/Arm</p>  <p><i>Do you work with your hands at or above your head?</i></p>						
<p>Shoulder/Arm</p>  <p><i>Do you work with your arms stretched out in front of you?</i></p>						

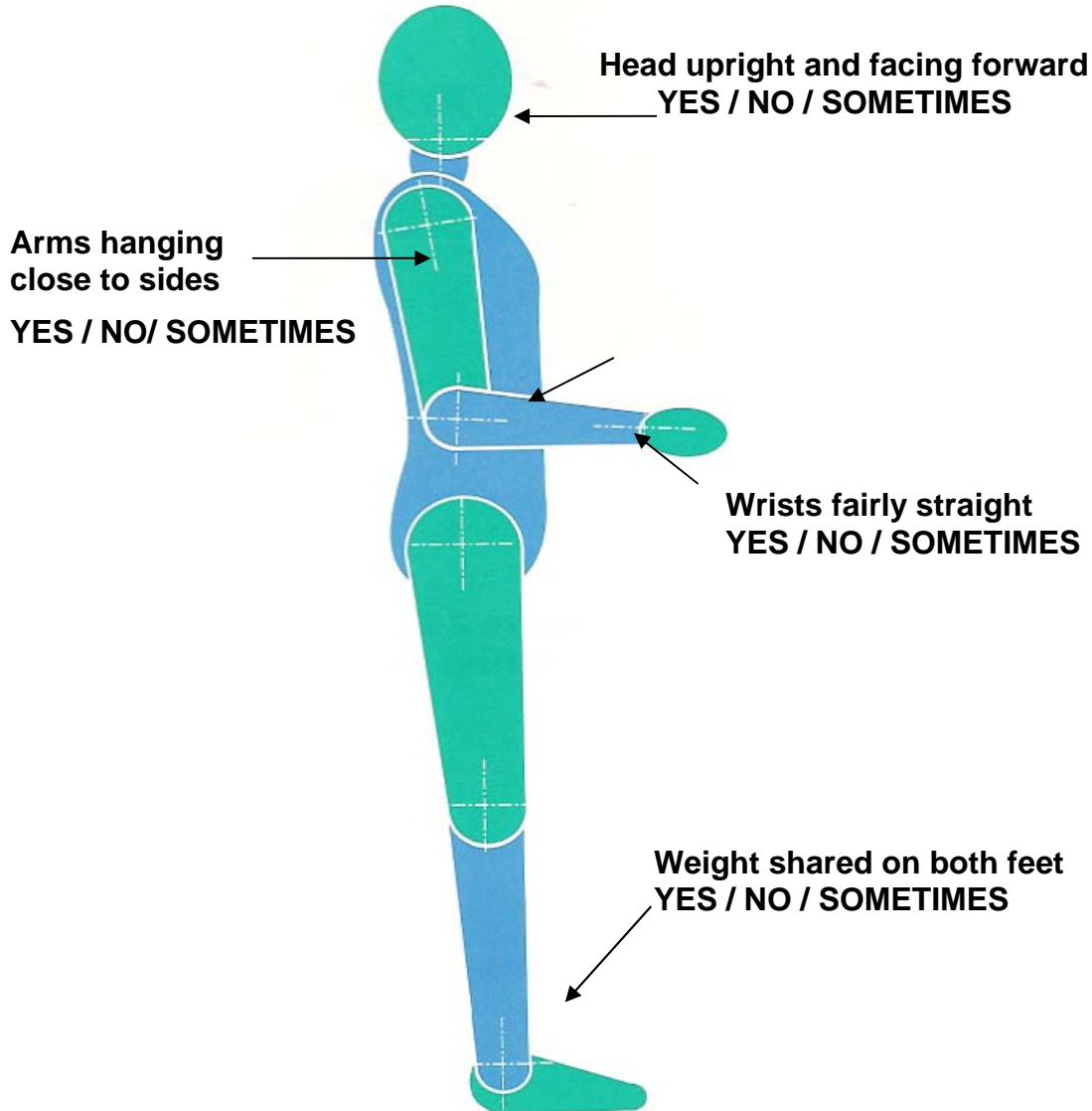
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Question:		Rarely or never	Up to 2 hours per day	2 hours or more per day	Any pain or problem?	
					NO	YES
Wrist/Hands 	<i>Do you work with your wrists bent?</i>					
Repetition	<i>Do you use the same muscles over and over with little chance for rest?</i>					
Repetition	<i>Does your job involve repetitive work using a keyboard?</i>					
Legs 	<i>Do you work without enough space for your legs?</i>					
Legs	<i>Do you work with your feet unsupported?</i>					
Legs	<i>Do you work with pedals?</i>					

Comments:

Standing Work

Does your work station allow good posture?
Please answer by circling 'yes,' 'no,' or 'sometimes' to indicate whether
the posture at work is as described.







Comments: _____



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Standing Work

Please read each question below and check the answers that best describe you at work.

Question:		Rarely or never	Up to 2 hours per day	2 hours or more per day	Any pain or problem?	
					NO	YES
<p>Neck</p> 	<p><i>When standing, do you work with your neck bent or twisted?</i></p>					
<p>Back</p> 	<p><i>When standing, do you work with your back bent or twisted?</i></p>					
<p>Back</p> 	<p><i>Do you work with your hands at or below your knees?</i></p>					
<p>Shoulder/Arm</p> 	<p><i>Do you work with your hands at or above your head?</i></p>					






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Question:		Rarely or never	Up to 2 hours per day	2 hours or more per day	Any pain or problem?	
					NO	YES
Shoulder/Arm 	<i>When standing, do you work with your arms stretched out?</i>					
Wrists/Hands 	<i>Do you work with your wrists bent?</i>					
Repetition	<i>Do you use the same muscles over and over with little chance for rest?</i>					
If yes, which joints and/or muscles are used over and over with little chance for rest? <hr/> <hr/>						
Legs	<i>Do you work on an unstable or sloping floor?</i>					
Legs	<i>Do you have insufficient space for your legs and feet?</i>					
Legs	<i>Do you operate foot pedals while standing?</i>					
Legs	<i>Do you climb ladders or stairs?</i>					
Legs	<i>Do you work while squatting or kneeling down?</i>					
Legs	<i>Does your job require walking?</i>					

Comments: _____

Gripping, Grasping and Use of Handtools

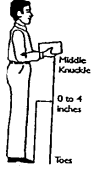
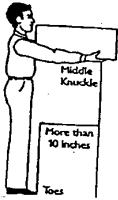
Please read each question below and check the answers that best describe you at work.

Question:		Rarely or never	Up to 2 hours per day	2 hours or more per day	Any pain or problem?	
					NO	YES
Grip 	<p><i>Do you have to grip hard or squeeze with your hand, while lifting loads of 10 lbs. or more?</i></p> <p><i>(such as when lifting a 10 lb. bag of sugar)</i></p>					
Pinch 	<p><i>Do you have to pinch with more than a 2 lb. force, such as the pinch used to open a small binder clip with the tips of your fingers?</i></p>					
Fingers 	<p><i>Do you have to use low force with your fingers or prolonged grip, such as holding mouse, knife, or pen?</i></p>					
Manipulations or precise hand motions 	<p><i>Do you have to manipulate small objects or do precise hand movements to use tools?</i></p>					
Pressure 	<p><i>Do you work with unpadded surfaces applying pressure into your palms, fingers, wrists, or elbows?</i></p> <p><i>(eg. Using pliers or ring-handled scissors)</i></p>					

Comments: _____

Lifting and/or Carrying

Please read each question below and check the answers that best describe you at work.

Question:	IF YES:					
 <p>Do you lift loads close to your body (i.e. around 10 cm or less)?</p> <p>NO YES</p> <p>Any pain or problem? Comment:</p>	<p>If yes, is the weight of the load:</p> <table border="1" data-bbox="808 537 1477 680"> <tr> <td data-bbox="808 537 1032 680">Less than 7 kg</td> <td data-bbox="1032 537 1256 680">7-25 kg</td> <td data-bbox="1256 537 1477 680">More than 25kg</td> </tr> </table>			Less than 7 kg	7-25 kg	More than 25kg
Less than 7 kg	7-25 kg	More than 25kg				
 <p>Do you lift loads away from your body (i.e. around 25 cm or more)?</p> <p>NO YES</p> <p>Any pain or problem? Comment:</p>	<p>If yes, is the weight of the load:</p> <table border="1" data-bbox="808 970 1477 1155"> <tr> <td data-bbox="808 970 1032 1155">Less than 3 kg</td> <td data-bbox="1032 970 1256 1155">3-15 kg</td> <td data-bbox="1256 970 1477 1155">More than 15kg</td> </tr> </table>			Less than 3 kg	3-15 kg	More than 15kg
Less than 3 kg	3-15 kg	More than 15kg				

Comments: _____

Pushing and/or Pulling

Please read each question below and check the answers that best describe you at work.

Question:	Rarely or never	Up to 2 hours per day	2 hours or more per day	Any pain or problem?	
				NO	YES
Heavy Loads: <i>(e.g. objects such as a two-drawer, full file cabinet across a carpeted floor)?</i>					
Moderate Loads: <i>(e.g. objects such as a shopping cart loaded with five 40-pound bags of dog food (200 lbs))?</i>					
Small Loads: <i>(e.g. objects such as a shopping cart with 10 small items)?</i>					

Comments: _____

