

One-Minute Feedback Survey – Workers

This survey is being used to collect your ideas or thoughts on a recent change, from **INSERT THE OLD TASK** to **INSERT THE CHANGE**, as part of the PERforM manual task program.

To provide a comparison of the change, *only those workers who have been involved . . . INSERT the change should answer this survey.*

Job description: Insert title of task	Shift:	Date:
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Pictures of the usual and changed methods

Usual Method – Insert the task Attach photo	Changed Method – Insert the task Attach photo
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Q1. Have you been involved in **insert task** when the **insert change** is used?

(Tick the most suitable reply in one of the boxes below)

No, have not been involved and have not even seen it	Have seen it, but have not been involved	Yes , involved once or twice	Yes , involved a few times	Yes , have been involved regularly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered Yes to question 1, please continue to answer the following questions:

Q2. Using **INSERT THE CHANGE** e.g type of Equipment, do you feel any pain or soreness? Circle either: **YES** or **NO**

Q3. For each body part below, please tell us the change in pain or soreness you have experienced, since using **INSET THE CHANGE EQUIPEMNT AS IN Q2**, instead of the manually moving the mats?

A body map is provided on the flip side of this page.

Scales	What the scales mean									
1	<i>A big improvement:</i> I feel much less pain or soreness since using the insert change .									
2	<i>A little improvement:</i> I feel a little less pain or soreness since using the insert change									
3	<i>No different than before</i>									
4	<i>Worse:</i> I feel more pain/soreness from using the insert change									
5	<i>Much worse:</i> I feel much more pain/soreness from using the insert change									
Body part	Neck	Shoulder	Upper back	Lower back	Elbow	Hip/Thigh	Knee	Low leg	Ankle / Foot	Wrist / Hand
<i>Using the Scales from 1 to 5, place the most suitable number under each body part affected</i>										

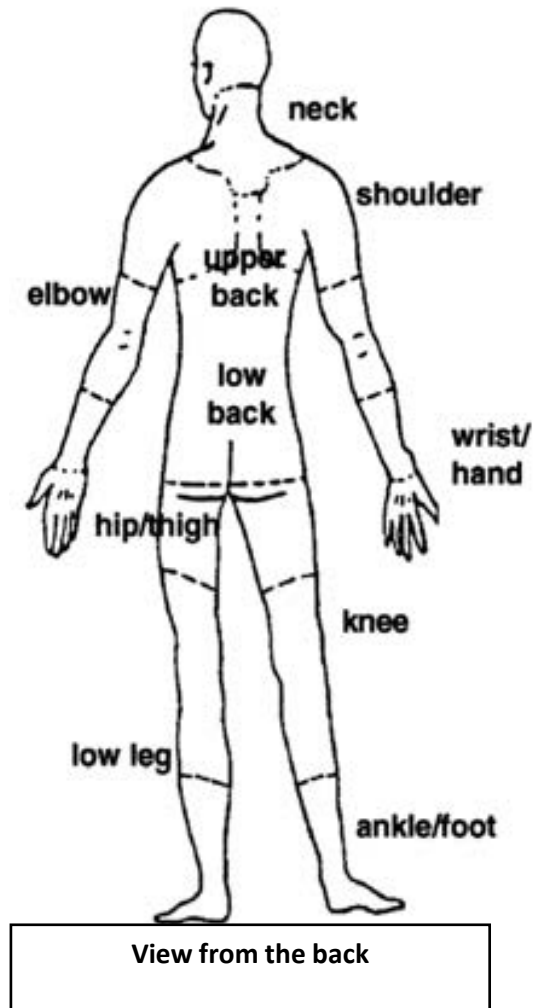
Q4. What are some good aspects of using **INSERT THE SAME INFORMATION OF THE CHANGE AS IN Q2**?

Q5. What are some weak points to this change?

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The PErforM Body Map

Using this map lets you see the body parts asked about in Q3.



(this form is a modified version the OHS Council of Ontario survey form)

Respondent Information

Section	
Team Name	
Your Name (voluntary)	
Date	

Return survey to: INSERT WHO THE FORM IS RETURNED TO