GB08 Whole-body vibration health monitoring questionnaire

Company name		**Project title**	
Location		**Contract no.**	
Date of assessment			
Employee number/Payroll number			
Name			
Date of birth			
Job title			

Any change in duties since last questionnaire?	Yes		No	
Recent experience				
Is there currently any movement or activity that causes pain in your back?	Yes		No	
Have you suffered any back/neck/shoulder pain in the last 12 months?	Yes		No	
Please describe the severity of the pain *(tick below)*				

No pain — Pain as bad as it could be

0	1	2	3	4	5	6	7	8	9	10

Note: *if severity above 5 is indicated, refer on for further advice. However, if rank is less than 5, but more than 1, for three consecutive assessments, this suggests ongoing pain so refer for further advice. (Further advice should be sought from an occupational health professional or GP in these cases.)*

Have you had to take any medication to deal with the pain?	Yes		No	
Have you had to seek medical advice regarding this pain?	Yes		No	
Has this back/neck/shoulder pain resulted in time off work?	Yes		No	
Have you had any accidents or injury to your back in the last two years?	Yes		No	
Action/advice				
Referral for further advice? *(If yes, identify below to whom or where the employee was referred)*	Yes		No	
Other advice provided? *(If yes, identify below to whom or where the employee was referred)*	Yes		No	

Employee							
Name		**Position**		**Signature**		**Date**	
Assessor							
Name		**Position**		**Signature**		**Date**	

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