

## GB09 Whole-body vibration health monitoring questionnaire

Company name		Project title								
Location		Contract no.								
Date of assessment										
Employee number/Payroll number										
Name										
Date of birth										
National insurance number										
Job title										
Any change in duties since last questionnaire?			Yes <input type="checkbox"/>	No <input type="checkbox"/>						
<b>Recent experience</b>										
Is there currently any movement or activity that causes pain in your back?			Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Have you suffered any back/neck/shoulder pain in the last 12 months?			Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Please describe the severity of the pain ( <i>tick below</i> )										
No pain <span style="float: right;">Pain as bad as it could be</span>										
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<small><b>Note:</b> 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.)</small>										
Have you had to take any medication to deal with the pain?			Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Have you had to seek medical advice regarding this pain?			Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Has this back/neck/shoulder pain resulted in time off work?			Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Have you had any accidents or injury to your back in the last two years?			Yes <input type="checkbox"/>	No <input type="checkbox"/>						
<b>Action/advice</b>										
Referral for further advice? ( <i>If yes, identify below to whom or where the employee was referred</i> )			Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Other advice provided? ( <i>If yes, identify below to whom or where the employee was referred</i> )			Yes <input type="checkbox"/>	No <input type="checkbox"/>						
<b>Employee</b>										
Name	Position	Signature	Date							
<b>Assessor</b>										
Name	Position	Signature	Date							

(Reproduced from the HSE publication *Whole-body vibration (L141)* under licence from The Controller of Her Majesty's Stationery Office.)