

Work-related MusculoSkeletal Disorders Questionnaire (WMSDsQ)

Sex Male Female

Year of birth _____

How many years and months have you been doing your current job? _____ years _____ months

What's your weight? _____ Kg

How tall are you? _____ cm

During the last 12 months you have never had problems (discomfort, soreness or pain) in the following regions of the body:

Neck No Yes

Shoulders No Yes

Elbows No Yes

Wrist / Hand No Yes

Dorsal region No Yes

Lumbar region No Yes

One or both hips / thighs No Yes

One or both knees No Yes

One or both ankles / feet No Yes

		Never	Rarely	Sometimes	Often	Always
1	Do you have to work very fast?	0	1	2	3	4
	Is your workload unevenly distributed so it piles up?	4	3	2	1	0
	How often do you not have time to complete all your work tasks?	4	3	2	1	0
2	Does your work demand a great deal of concentration?	0	1	2	3	4
	Does your work demand your constant attention?	0	1	2	3	4
	Does your work require a high level of precision?	0	1	2	3	4
3	Do other people make decisions concerning your work?	0	1	2	3	4
	Do you have a large degree of influence concerning your work?	4	3	2	1	0
	Can you influence the amount of work assigned to you?	4	3	2	1	0
4	Do you have to do the same thing over and over again?	0	1	2	3	4
	Can you use your skills or expertise in your work?	4	3	2	1	0
	Does your work give you the opportunity to develop your skills?	4	3	2	1	0
5	Can you decide when to take a break?	4	3	2	1	0
	Can you take holidays more or less when you wish?	4	3	2	1	0
	Can you leave your work to have a chat with a colleague?	4	3	2	1	0
6	Is your work meaningful?	4	3	2	1	0
	Do you feel that the work you do is important?	4	3	2	1	0
	Do you feel motivated and involved in your work?	4	3	2	1	0

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7	Are contradictory demands placed on you at work?	0	1	2	3	4
	Do you sometimes have to do things, which seem to you to be unnecessary?	0	1	2	3	4
	Do you do things at work, which are accepted by some people but not by others?	0	1	2	3	4
	Do you sometimes have to do things, which ought to have been done in a different way?	0	1	2	3	4
8	How often do you get help and support from your colleagues?	4	3	2	1	0
	How often do you get help and support from your immediate superior?	4	3	2	1	0
	How often is your immediate superior willing to listen to your work related problems?	4	3	2	1	0
9	Do you work isolated from your colleagues?	0	1	2	3	4
	Is it possible for you to talk to your colleagues while you are working?	4	3	2	1	0
10	Is there a good atmosphere between you and your colleagues?	4	3	2	1	0
	Is there good co-operation between the colleagues at work?	4	3	2	1	0
	Do you feel part of a community at your place of work?	4	3	2	1	0
11	Are you worried about becoming unemployed?	0	1	2	3	4
	Are you worried about it being difficult for you to find another job if you became unemployed?	0	1	2	3	4
	Are you worried about having to give up your job for health reasons?	0	1	2	3	4
12	How pleased are you with your job as a whole, everything taken into consideration?	4	3	2	1	0
	How pleased are you with the people you work with?	4	3	2	1	0
	How pleased are you with your work prospects?	4	3	2	1	0

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13	I seem to get sick a little easier than other people.	0	1	2	3	4
	I am as healthy as anybody I know.	4	3	2	1	0
	I expect my health to get worse.	4	3	2	1	0
	I need to see doctor and take medicine on a regular basis.	0	1	2	3	4
14	How much of the time during the past 4 weeks have you felt so down in the dumps that nothing could cheer you up?	0	1	2	3	4
	How much of the time during the past 4 weeks have you been a very nervous person?	0	1	2	3	4
	How much of the time during the past 4 weeks have you felt calm and peaceful?	4	3	2	1	0
15	How much of the time during the past 4 weeks did you have a lot of energy?	4	3	2	1	0
	How much of the time during the past 4 weeks did you feel worn out?	0	1	2	3	4
	How much of the time during the past 4 weeks did you feel tired?	0	1	2	3	4
16	I have difficulty to relax or enjoy myself.	0	1	2	3	4
	I have not been able to stand dealing with other people.	0	1	2	3	4
	I have found it difficult to be happy.	0	1	2	3	4
17	How much of the time during the past 4 weeks have you had stomach ache or stomach problems?	0	1	2	3	4
	How much of the time during the past 4 weeks have you had a tight chest or chest pains?	0	1	2	3	4
	How much of the time during the past 4 weeks have you had tension in various muscles?	0	1	2	3	4
	How much of the time during the past 4 weeks have you had difficulty to sleep?	0	1	2	3	4

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18	How much of the time during the past 4 weeks have you had problems concentrating?	0	1	2	3	4
	How much of the time during the past 4 weeks have you had difficulty with remembering?	0	1	2	3	4
	How much of the time during the past 4 weeks have you had difficulty in taking decisions?	0	1	2	3	4
	How much of the time during the past 4 weeks have you found it difficult to think clearly?	0	1	2	3	4
19	I believe I can cope with most situations in life.	4	3	2	1	0
	I feel that what I do in my daily life is meaningful.	4	3	2	1	0
	I do not feel that I am able to influence my future to any great extent.	0	1	2	3	4
20	Do you try to find out what you can do to solve the problem?	4	3	2	1	0
	Do you do anything to solve the problem?	4	3	2	1	0
21	I'm afraid that I might injure myself if I exercise.	0	1	2	3	4
	Simply being careful that I do not make any unnecessary movements is the safest thing I can do to prevent my pain from worsening.	0	1	2	3	4
	If I were to try to overcome it, my pain would increase.	0	1	2	3	4
22	I become afraid that the pain will get worse.	0	1	2	3	4
	I feel I can't go on.	0	1	2	3	4
	It's terrible and I think it's never going to get any better.	0	1	2	3	4

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23	Do you in your work often have to lift heavy loads (more than 5 kg)?	0	1	2	3	4
	Do you in your work often have to pull or push heavy loads (more than 5 kg)?	0	1	2	3	4
	Do you in your work often have to lift with the load far from the body?	0	1	2	3	4
	Do you in your work often have to lift in an awkward posture?	0	1	2	3	4
24	Do you in your work often have to bend heavily with your trunk?	0	1	2	3	4
	Do you in your work often have to twist heavily with your trunk?	0	1	2	3	4
	Do you in your work often have to bent and twist with your trunk?	0	1	2	3	4
	Do you in your work often have to lift the arms above shoulder height?	0	1	2	3	4
25	Do you in your work often have to work in uncomfortable postures?	0	1	2	3	4
	Do you in your work often have to work in a heavily twisted posture for a prolonged time?	0	1	2	3	4
	Do you in your work often have to work in a squatting or stooping posture for a prolonged time?	0	1	2	3	4
26	Do you in your work often have to work in the same postures?	0	1	2	3	4
	Do you in your work often have to always make the same movements with your trunk?	0	1	2	3	4
	Do you in your work often have to make small movements with hands/fingers at a high workspace?	0	1	2	3	4
27	Do you in your work often have to not enough room around you to perform your work properly?	0	1	2	3	4
	Do you in your work often have to difficulty in exerting enough force because of uncomfortable postures?	0	1	2	3	4
	Do you in your work often have to not enough room above you to perform your work without bending?	0	1	2	3	4

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28	Do you in your work experience noticeable mechanical vibrations or shocks?	0	1	2	3	4
	Do you carry vibrating tools during your work?	0	1	2	3	4
	Do you drive vehicles during your work?	0	1	2	3	4

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