

DISCOMFORT SURVEY

Name: _____ Date: _____

Job Title: _____ Supervisor: _____

Write a number (0-10) representing your level of discomfort in the body areas indicated on the diagram below.

| | | | | | | | | | | | | |
|------------------------|---|---|---|---|---|---|---|---|---|---|----|---------------------|
| No Discomfort/ Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Intolerable Pain |
|------------------------|---|---|---|---|---|---|---|---|---|---|----|---------------------|

