ANNEX 1
THE LATIN QUESTIONNAIRE FOR THE ANAMNESTIC SCREENING OF OCCUPATIONAL MUSCULOSKELETAL DISORDERS

Date of completion_____

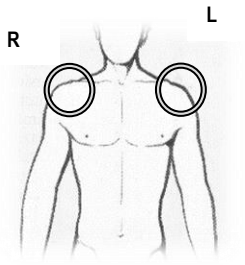
a-Anamnestic questionnaire for upper limb disorders: PERSONAL INFORMATION					
Name and surname					
Date of birth		Age		Gender	☐M ☐F
Name of company			Department		
Work-station and job					
Position held since:			Employed since		
Compiled by?			Job description		
Signature of company doctor					

b-Anamnestic questionnaire for upper limb disorders: PAIN

DISORDERS IN THE LAST 12 MONTHS

B1-SHOULDER ☐ NO YES ☐

DISORDERS PRESENT SINCE? (YEAR OF ONSET):



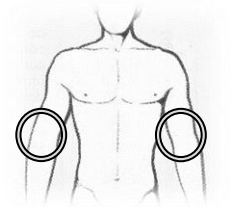
Disorder-related treatment:
☐ Pain medication

Have you had clinical examination such as:
☐ Physiotherapy
☐ Orthopedic/physiatrist exam
☐ RX
☐ Ultrasound/MRI

	RIGHT	LEFT
Pain during movement	☐	☐
Pain at rest	☐	☐
POSITIVE PAIN THRESHOLD ☐ continuous pain ☐ pain for at least one week in the last 12 months ☐ pain at least once a month in the last 12 months	☐	☐
MINOR DISORDERS Sub-threshold pain	☐	☐

B2-ELBOW ☐ NO YES ☐

DISORDERS PRESENT SINCE (YEAR OF ONSET):



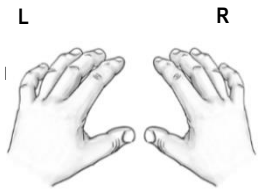
Disorder-related treatment:
☐ Pain medication

Have you had clinical examination such as:
☐ Physiotherapy
☐ Orthopedic/physiatrist
☐ RX
☐ Ultrasound/MRI
☐ EMG (electromyography)

	RIGHT	LEFT
pain gripping objects or lifting weights	☐	☐
pain at rest	☐	☐
POSITIVE PAIN THRESHOLD ☐ continuous pain ☐ pain for at least one week in the last 12 months ☐ pain at least once a month in the last 12 months	☐	☐
MINOR DISORDERS Sub-threshold pain	☐	☐

B3-WRIST-HAND ☐ NO YES ☐

DISORDERS PRESENT SINCE (YEAR OF ONSET):



Disorder-related treatment:
☐ Pain medication

Have you had clinical examination such as:
☐ Physiotherapy
☐ Orthopedic/physiatrist
☐ RX
☐ Ultrasound / MRI
☐ EMG (electromyography)

NB: Indicate the location of pain/soreness and any radiating pain

	RIGHT	LEFT
pain when gripping	☐	☐
pain when moving	☐	☐
pain at rest	☐	☐
pain in the index finger	☐	☐
pain in all fingers	☐	☐
pain in the palm	☐	☐
pain on the back of hand	☐	☐
POSITIVE PAIN THRESHOLD ☐ continuous pain ☐ pain for at least one week in the last 12 months ☐ pain at least once a month in the last 12 months	☐	☐
MINOR DISORDERS Sub-threshold pain	☐	☐

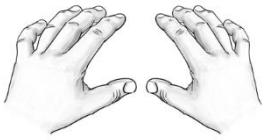
Annex 1A –Personal information, and upper limb disorders (pain)

c-Anamnestic questionnaire for upper limb disorders: PARESTHESIA

DISORDERS IN THE LAST 12 MONTHS

C1-NOCTURNAL PARESTHESIA ☐ NO YES ☐

Tingling, stinging, numbness, pins and needles



L R

NB: Indicate the location of pain/soreness and any radiating pain

Disorder-related treatment:
☐ Pain medication

Have you had clinical examination such as:
☐ Physiotherapy
☐ Orthopedic/ physiatrist
☐ RX
☐ Ultrasound / MRI

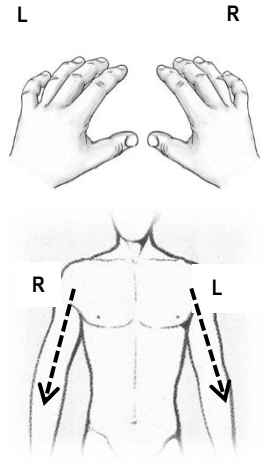
DISORDERS PRESENT SINCE (YEAR OF ONSET):

	RIGHT	LEFT
arm	☐	☐
forearm	☐	☐
hand	☐	☐
lasting less than 10 minutes	☐	☐
last more than 10 minutes	☐	☐
during sleep	☐	☐
upon waking	☐	☐

POSITIVE PAIN THRESHOLD ☐ ☐
☐ continuous pain
☐ at least one week of pain in the last 12 months
☐ pain at least once a month in the last 12 months

MINOR DISORDERS ☐ ☐
Sub-threshold pain

C2-DAYTIME PARESTHESIA ☐ NO YES ☐



Disorder-related treatment:
☐ Medication

Have you had clinical examination such as
☐ Physiotherapy
☐ Orthopedic /physiatrist
☐ RX
☐ Ultrasound / MRI

DISORDERS PRESENT SINCE (YEAR OF ONSET):

	RIGHT	LEFT
arm	☐	☐
forearm	☐	☐
hand	☐	☐
lasting less than 10 minutes	☐	☐
last more than 10 minutes	☐	☐
with arms raised.	☐	☐
resting on elbow	☐	☐
grasping with force	☐	☐

POSITIVE PAIN THRESHOLD ☐ ☐
☐ continuous pain
☐ at least one week of pain in the last 12 months
☐ pain at least once a month in the last 12 months

MINOR DISORDERS ☐ ☐
pain episodes below the threshold

NR. OF DAYS OFF WORK DUE TO UPPER LIMB DISORDERS

C3-UPPER LIMB TRAUMA - DIAGNOSIS (IF KNOWN) ☐ YES ☐ NO

SHOULDER (frozen shoulder, tendinitis, etc.)	☐ YES ☐ NO	when?
ELBOW (epicondylitis, medial epicondylitis, etc.)	☐ YES ☐ NO	when?
WRIST / HAND tendinitis, ganglion cyst, etc.	☐ YES ☐ NO	when?
WRIST / HAND: carpal tunnel syndrome, Guyon	☐ YES ☐ NO	when?
TOTAL NUMBER of days with disorder in the last 12 months		

C4-UPPER LIMB SECTION TO BE COMPLETED BY THE COMPANY DOCTOR: ACTION PLAN

Call employee for visit	☐
Ask employee to bring in clinical and instrumental test results	☐
Advise employee to contact the company doctor when symptoms recur	☐

Other remarks

d-Evaluation of upper limb biomechanical overload level ☐ KNOWN ☐ NOT KNOWN

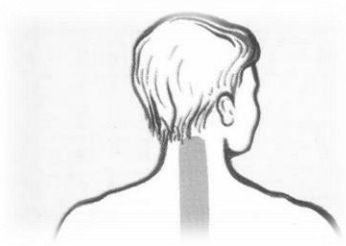
OCRA checklist: RIGHT=	☐ ABSENT ☐ LOW ☐ MEDIUM ☐ HIGH	**Main risk factors:** ☐ FREQUENCY ☐ FORCE ☐ POSTURE ☐ ORGANIZATION	OCRA checklist: LEFT=	☐ ABSENT ☐ LOW ☐ MEDIUM ☐ HIGH	**Main risk factors:** ☐ FREQUENCY ☐ FORCE ☐ POSTURE ☐ ORGANIZATION
OCRA risk index: RIGHT=			OCRA risk index: LEFT=		

Annex 1B –Upper limb disorders (paresthesia, known diseases, level of exposure)

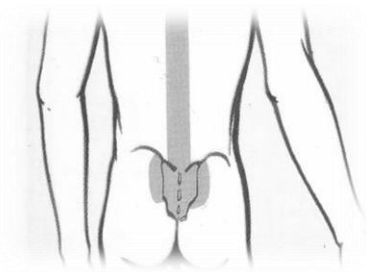
e-Anamnestic questionnaire for spine : PAIN SECTION

DISORDERS IN THE LAST 12 MONTHS

NB: mark the figure with the location of pain/soreness and any radiating pain



L R



E1- CERVICAL (SORENESS, HEAVINESS, PAIN) ☐ YES ☐ NO

SELDOM	AT LEAST 3-4 PAIN EPISODES, EACH LASTING 2-3 DAYS	AT LEAST 3-4 PAIN EPISODES REQUIRING MEDICATION OR TREATMENT	ALMOST EVERY DAY
☐ discomfort	☐ discomfort	☐ discomfort	☐ **DISCOMFORT**
☐ pain	☐ **PAIN**	☐ **PAIN**	☐ **PAIN**
MINOR DISORDERS ☐	**POSITIVE THRESHOLD** ☐		

RADIATING PAIN ☐ NO HEMITHORAX ☐ R ☐ L

No. OF DAYS OFF WORK DUE TO CERVICAL PROBLEMS =

E2-DORSAL (SORENESS. HEAVINESS. PAIN) ☐ YES ☐ NO

SELDOM	AT LEAST 3-4 PAIN EPISODE,S EACH LASTING 2-3 DAYS	AT LEAST 3-4 PAIN EPISODES REQUIRING MEDICATION OR TREATMENT	ALMOST EVERY DAY
☐ discomfort	☐ discomfort	☐ discomfort	☐ **DISCOMFORT**
☐ pain	☐ **PAIN**	☐ **PAIN**	☐ **PAIN**
MINOR DISORDERS ☐	**POSITIVE THRESHOLD** ☐		

RADIATING PAIN ☐ NO HEMITHORAX ☐ R ☐ L

No. OF DAYS OFF WORK DUE TO DORSAL PROBLEMS =

E3-LUMBOSACRAL (SORENESS. HEAVINESS. PAIN) ☐ YES ☐ NO

SELDOM	AT LEAST 3-4 PAIN EPISODES EACH LASTING 2-3 DAYS	AT LEAST 3-4 PAIN EPISODES REQUIRING MEDICATION OR TREATMENT	ALMOST EVERY DAY
☐ discomfort	☐ discomfort	☐ discomfort	☐ **DISCOMFORT**
☐ pain	☐ **PAIN**	☐ **PAIN**	☐ **PAIN**
MINOR DISORDERS ☐	**POSITIVE THRESHOLD** ☐		

RADIATING PAIN ☐ NO LOWER LIMB ☐ R ☐ L

No. OF DAYS OFF WORK DUE TO LUMBAR PROBLEMS =

E4-ACUTE LUMBAGO ☐ YES ☐ NO

Total number of acute episodes =	Year of first episode =
No. of acute episodes in the last year =	☐ **AT LEAST ONE EPISODE OF ACUTE LUMBAGO IN THE LAST 12 MONTHS**

E5-SPINAL TRAUMA - DIAGNOSIS (IF KNOWN)

HERNIATED LUMBAR DISK	☐ YES ☐ NO	when?
PATHOLOGIES/TRAUMA OF THE CERVICAL SPINE	☐ YES ☐ NO	when?
PATHOLOGIES/TRAUMA OF THE DORSAL	☐ YES ☐ NO	when?
PATHOLOGIES/TRAUMA OF THE LUMBOSACRAL SPINE	☐ YES ☐ NO	when?
REMARKS:		

E6-SPINE SECTION TO BE COMPLETED BY THE COMPANY DOCTOR: ACTION PLAN

Ask employee to bring in clinical and instrumental test results ☐	*Call employee for visit* ☐
Advise employee to contact the company doctor when symptoms recur ☐	*Other remarks*

f-Evaluation of spine biomechanical overload level: ☐ KNOWN ☐ NOT KNOWN

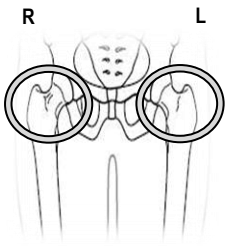
RNLE: LI=	☐ ABSENT	☐ LOW	☐ MEDIUM	☐ HIGH	**REMARKS:**
MAPO INDEX=	☐ ABSENT	☐ LOW	☐ MEDIUM	☐ HIGH	**REMARKS:**

Annex 1C–Spinal disorders

g- Anamnestic questionnaire for lower limb disorders: PAIN SECTION

20 **DISORDERS IN THE LAST 12 MONTHS**

G1-HIPS ☐ NO YES ☐ — DISORDERS PRESENT SINCE (YEARS)=

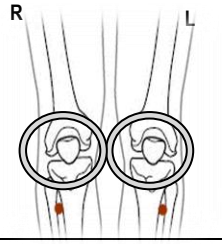


Disorder-related treatment:
☐ Medication

Have you had clinical examination such as:
☐ Physiotherapy
☐ Orthopedic/physiatrist
☐ RX
☐ Ultrasound / MRI

	RIGHT	LEFT
pain during movement	☐	☐
pain at rest	☐	☐
POSITIVE PAIN THRESHOLD ☐ continuous pain ☐ pain for at least one week in the last 12 months ☐ pain at least once a month in the last 12 months	☐	☐
MINOR DISORDERS Sub-threshold pain	☐	☐

G2-KNEES ☐ NO YES ☐ — DISORDERS PRESENT SINCE (YEARS)=

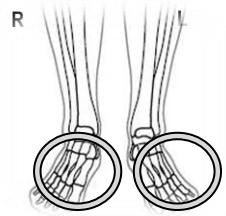


Disorder-related treatment:
☐ Medication

Have you had clinical tests such as:
☐ Physiotherapy
☐ Orthopedic/physiatrist.
☐ RX
☐ Ultrasound / MRI

	RIGHT	LEFT
pain during movement	☐	☐
pain at rest	☐	☐
POSITIVE PAIN THRESHOLD ☐ continuous pain ☐ pain for at least one week in the last 12 months ☐ pain at least once a month in the last 12 months	☐	☐
MINOR DISORDERS Sub-threshold pain	☐	☐

G3-ANKLES-FEET ☐ NO YES ☐ — DISORDERS PRESENT SINCE (YEARS)=



Disorder-related treatment:
☐ Medication

Have you had clinical examination such as:
☐ Physiotherapy
☐ Orthopedic/physiatrist
☐ RX
☐ Ultrasound / MRI

	RIGHT	LEFT
pain during movement	☐	☐
pain at rest	☐	☐
POSITIVE PAIN THRESHOLD ☐ continuous pain ☐ pain for at least one week in the last 12 months ☐ pain at least once a month in the last 12 months	☐	☐
MINOR DISORDERS Sub-threshold pain	☐	☐

G4-LOWER LIMB PATHOLOGIES/TRAUMA - DIAGNOSIS (IF KNOWN)

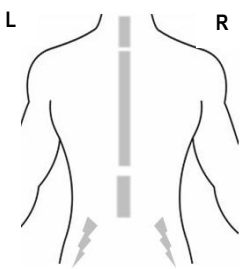
HIPS: =	☐ YES ☐ NO	when?
KNEES	☐ YES ☐ NO	when?
ANKLES-FEET	☐ YES ☐ NO	when?

G5—LOWER LIMB SECTION TO BE COMPLETED BY THE COMPANY DOCTOR: ACTION PLAN

Ask employee to bring in clinical and instrumental test results ☐	Call employee for visit ☐
Advise employee to contact the company doctor when symptoms recur ☐	Other remarks

h-Evaluation of lower limb biomechanical overload level: ☐ KNOWN ☐ NOT KNOWN

☐ ABSENT	☐ LOW	☐ MEDIUM	☐ HIGHT	**REMARKS:**



NB: Indicate the location of any pain/disconfort and any radiating pain but if with positive threshold

i-Summary of musculoskeletal disorders with positive pain threshold reported in the last 12 months

21 **Annex 1D –Lower limbs disorders and summary**