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THE LATIN QUESTIONNAIRE FOR THE ANAMNESTIC SCREENING OF OCCUPATIONAL MUSCULOSKELETAL DISORDERS

Date of completion											
a-Anamne	estic questionnaire for uppe	r lin	nb disorders: PERSONAL INFORM	ATIO	N						
Name and surname											
Date of birth	Ag	ge	Gender		M	F					
Name of company											
Work-station and job											
Position held since:			Employed since								
Compiled by?			Job description								
Signature of company doct											
b-Anamnestic questionnaire for upper limb disorders: PAIN											
DISORDERS IN THE LAST 12 MONTHS R1-SHOULDER NO YES DISORDERS PRESENT SINCE? (YEAR OF ONSET). RIGHT LEFT											
B1-SHOULDER NO YES DISORDERS PRESENT SINCE? (YEAR OF ONSET):											
L	Disorder-related treatment:	Pai	n during movement								
R	Pain medication	Pai	n at rest								
070			SITIVE PAIN THRESHOLD								
	Have you had clinical examination		continuous pain								
	such as:		pain for at least one week in the last 12 mont								
	☐ Physiotherapy ☐ Orthopedic/physiatrist exam	Ш	pain at least once a month in the last 12 mon	ths							
			NOR DISORDERS								
11/2/11	Ultrasound/MRI	Sub	o-threshold pain								
B2-ELBOW N		ERS	PRESENT SINCE (YEAR OF ONSET):		RIGHT	LEFT					
_	Disorder-related treatment:	pai	n gripping objects or lifting weights								
R L	Pain medication	1	n at rest								
M		PO	SITIVE PAIN THRESHOLD								
	Have you had clinical examination		continuous pain								
1	such as:	_	pain for at least one week in the last 12 mont								
	Physiotherapy		pain at least once a month in the last 12 mon	ths							
	Orthopedic/physiatrist										
1/4:4/1	RX Ultrasound/MRI		NOR DISORDERS o-threshold pain								
	EMG (electromyography)	Jul	-tineshola pain								
B3-WRIST-HAND N		ERS	PRESENT SINCE (YEAR OF ONSET):		RIGHT	LEFT					
	Disorder-related treatment:	Ι.	n when gripping								
L R	Pain medication	pain when moving									
ATTO STOR		pai	n at rest								
	Have you had clinical examination	pain in the index finger									
1 hoard	such as:	pai	n in all fingers								
	Physiotherapy	-	n in the palm								
	Orthopedic/physiatrist	<u> </u>	in on the back of hand								
	RX Ultrasound / MRI	POSITIVE PAIN THRESHOLD									
	EMG (electromyography)	_	continuous pain pain for at least one week in the last 12 mont	h c							
NB: Indicate the location of			pain for at least one week in the last 12 mont pain at least once a month in the last 12 mon								
pain/soreness and any radiating pain				.113							
radiating pain			NOR DISORDERS								
		Suk	o-threshold pain								

ANNEX 1

c-Anamnestic questionnaire for upper limb disorders: PARESTHESIA

	DISORDER	S IN T	HE LAST	Γ1	2 MOI	NTHS		
C1-NOCTURNAL PARE	STHESIA NO YES	DISO	RDERS P	RI	SENT S	SINCE (YEAR OF ONSET):	RIGHT	LEFT
Tingling, stinging,		arm						
numbness, pins and		forea	arm					
needles	Disorder-related treatment:	hand	l					
	Pain medication	lastir	ng less th	an	10 mir	utes		
ALT STA	Have you had clinical	last r	nore tha	n 1	0 minu	tes		
	examination such as:	durin	ng sleep					
	CAGIIIII GUOI GGI		waking					
	Physiotherapy	POS	ITIVE P	AI	THR	ESHOLD		
L R		ontinuou						
□ RX			at least one week of pain in the last 12 months					Ш
NB: Indicate the location of	Ultrasound / MRI					month in the last 12 months		
pain/soreness and any	MINOR DISORDERS							
radiating pain		Sub-t	threshold	d b	ain		Ш	
C2-DAYTIME PAREST	HESIA NO YES D	ISORDI	ERS PRE	SE	NT SIN	CE (YEAR OF ONSET):	RIGHT	LEF1
L R		arm	_	_				
	Disorder-related treatment:	forea	arm					
A 22 C 1/2		hand	l					
	Harris was bank alternal	lastir	ng less th	an	10 mir	utes		
1	Have you had clinical examination such as	last r	nore tha	n 1	0 minu	tes		
	Physiotherapy		arms rais				- 🗒	
	Orthopedic /physiatrist	_	ng on elb					
)~	RX		_					
R	Ultrasound / MRI	-	oing with			DOMAT D		
1/. 1	l				ESHOLD			
11		ontinuou						
	at least one week of pain in the last 12 months pain at least once a month in the last 12 months							
	MINOR DISORDERS							
114:411	pain episodes below the threshold							
		Pairi	срізочез	,				
	UE TO UPPER LIMB DISORDERS							
	<u>UMA - DIAGNOSIS (IF KNO</u>	WN)				YES	■ NO	
SHOULDER (frozen should			YES] NO	when?		
ELBOW (epicondylitis, med			YES] NO	when?		
WRIST / HAND tendinitis, §			YES		NO	when?		
WRIST / HAND: carpal tuni		YES		NO	when?			
·	ith disorder in the last 12 months							
C4-UPPER LIMB SECT	TION TO BE COMPLETED BY	THE	E COMP.	AN	Y DO	CTOR: ACTION PLAN		
Call employee for visit								
	linical and instrumental test resu						<u> </u>	
	ct the company doctor when sym	ptoms	recur					
Other remarks								
d-Evaluation of up	per limb biomechanical	over	load le	ev	el	☐ KNOWN ☐ NOT	KNOW	/N
OCRA checklist:	Main risk factors:	OCRA	checklis	t:		Main risk	factors:	
RIGHT=	LEFT=			L	_ ABSENT			
L	OW FREQUENCY				Ļ	LOW FORCE		
OCRA risk index:	1EDIUM POSTURE	OCRA	risk inde	ex:	Ļ	JMEDIUM ☐ POSTU		
RIGHT=	ORGANIZATION	LEFT= HIGH ORGANIZ						

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 lo		E1- CERVICAL (SORENESS, HEAVINESS, PAIN) YES NO								
pain/soreness and any radiati	ng pain	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	t	discomfort		☐ DISCOMFORT		
		pain		☐ PAIN		☐ PAIN		☐ PAIN		
	MINOR DISOR		P	OSITIVE THRESHO	LD					
	,	RADIATING PAIN NO HEMITHORAX R L No. OF DAYS OFF WORK DUE TO CERVICAL PROBLEMS =								
		E2-DORSAL	(SORENI	ESS. HEAVIN	ESS.			YES NO		
L R		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		
/ X / X /		☐ pain		☐ PAIN		☐ PAIN		☐ PAIN		
	1	MINOR DISORDERS		PO		OSITIVE THRESHOLD 🔲				
		RADIATING PAIN NO HEMITHORAX R No. OF DAYS OFF WORK DUE TO DORSAL PROBLEMS =				R L				
		E3-LUMBOSACRAL (SORENESS. HEAVINESS. PAIN) YES NO								
	1			AT LEAST 3-4 PAIN		AT LEAST 3-4 PAIN				
		SELDOM		EPISODES EACH LASTING 2-3 DAYS		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				R 🔲 L		
		No. OF DAYS OFF WORK DUE TO LUMBAR PROBLEMS = YES NO								
	E4-ACUTE LUMBAGO				Voca of first original					
Total number of acute episode No. of acute episodes in the la				f first episode = LEAST ONE EPISODE OF ACUTE LUMBAGO IN THE LAST 12 MONTHS						
E5-SPINAL TRAUMA - DI		(IF KNOWN)	_	431 ONE EFISC	DE OI	F ACOTE LONIBAGO	IIV III	L LAST 12 WONTHS		
HERNIATED LUMBAR DISK	·					YES NO	wher	n?		
PATHOLOGIES/TRAUMA OF THE CERVICAL SPINE				YES NO when?		n?				
PATHOLOGIES/TRAUMA OF THE DORSAL					□ \	YES NO	when?			
PATHOLOGIES/TRAUMA OF THE LUMBOSACRAL SPINE					\rackslash	YES NO	wher	n?		
REMARKS:				#1#1 #1 A A A						
E6-SPINE SECTION TO BE COMPLETED BY THE COMPANY DOCTOR: ACTION PLAN										
Ask employee to bring in clinic Advise employee to contact the			ecur \Box		Call employee for visi Other remarks	IT <u></u>				
f-Evaluation of spine bi	·		, .			KNOWN	VI	OT KNOWN		
				61 ·		7 146	OT KINOWIN			
RNLE: LI=	ABSENT									
MAPO INDEX=	ABSENT	LOW	UM 🔲 HI	GH	REMARKS:					

g- Anamnestic questionnaire for lower limb disorders: PAIN SECTION

	G1-HIPS	NO YES DISORDEI	RS PRESENT SINCE (YEARS)=	RIGHT	LEFT			
		Disorder-related treatment:	pain during movement					
	R L	Medication	pain at rest					
		Have you had clinical examination such as: Physiotherapy	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					
		Orthopedic/physiatrist						
		RX	MINOR DISORDERS Sub-threshold pain					
-	00 TINING	Ultrasound / MRI	'					
-	G2-KNEES		S PRESENT SINCE (YEARS)=	RIGHT	LEFT			
	R	Disorder-related treatment:	pain during movement					
	``\\\ \	Medication	pain at rest					
		Have you had clinical tests such as:	POSITIVE PAIN THRESHOLD continuous pain	П				
		Physiotherapy	pain for at least one week in the last 12 months					
		Orthopedic/physiatrist.	pain at least once a month in the last 12 months					
		RX Ultrasound / MRI	MINOR DISORDERS		П			
-			Sub-threshold pain					
-	G3-ANKLES-FEET		ERS PRESENT SINCE (YEARS)=	RIGHT	LEFT			
	_ 1001111100	Disorder-related treatment:	pain during movement					
	R \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Medication	pain at rest					
		Have you had clinical examination such as: Physiotherapy	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					
		☐ Orthopedic/physiatrist ☐ RX	MINOR DISORDERS	П	П			
L	Ultrasound / MRI Sub-threshold pain							
L	G4-LOWER LIMB PA	THOLOGIES/TRAUMA - DIAGNOSIS	(IF KNOWN)					
L	HIPS: =		YES NO when?					
L	KNEES		YES NO when?					
L	ANKLES-FEET		YES NO when?					
F			E COMPANY DOCTOR: ACTION PLAN					
F		n clinical and instrumental test results	Call employee for visit					
ŀ		tact the company doctor when symptoms						
		wer limb biomechanical overloa	d level: KNOWN NOT KNOWN					
Į.	ABSENT LOW	MEDIUM HIGHT REMARKS:						
	b b p	IB: Indicate the location of any pain/disconfort and any paid adiating pain but if with	ary of musculoskeletal disorders with po threshold reported in the last 12 month		pain			

Annex 1D -Lower limbs disorders and summary