

Patient Care Providers Comfort-Level Survey

Date _____

Job Title _____

Department/Unit: _____

Shift _____

I have worked in this job for _____ years _____ months.

MILD DISCOMFORT	STRONG DISCOMFORT
<p>I experience MILD DISCOMFORT in my feet</p> <p><input type="checkbox"/> Rarely or never</p> <p><input type="checkbox"/> One or two days per month</p> <p><input type="checkbox"/> Several days per month</p> <p><input type="checkbox"/> Every day</p>	<p>I experience STRONG DISCOMFORT in my feet</p> <p><input type="checkbox"/> Rarely or never</p> <p><input type="checkbox"/> One or two days per month</p> <p><input type="checkbox"/> Several days per month</p> <p><input type="checkbox"/> Every day</p>
<p>I experience MILD DISCOMFORT in my knee(s)</p> <p><input type="checkbox"/> Rarely or never</p> <p><input type="checkbox"/> One or two days per month</p> <p><input type="checkbox"/> Several days per month</p> <p><input type="checkbox"/> Every day</p>	<p>I experience STRONG DISCOMFORT in my knee(s)</p> <p><input type="checkbox"/> Rarely or never</p> <p><input type="checkbox"/> One or two days per month</p> <p><input type="checkbox"/> Several days per month</p> <p><input type="checkbox"/> Every day</p>
<p>I experience MILD DISCOMFORT in my back</p> <p><input type="checkbox"/> Rarely or never</p> <p><input type="checkbox"/> One or two days per month</p> <p><input type="checkbox"/> Several days per month</p> <p><input type="checkbox"/> Every day</p>	<p>I experience STRONG DISCOMFORT in my back</p> <p><input type="checkbox"/> Rarely or never</p> <p><input type="checkbox"/> One or two days per month</p> <p><input type="checkbox"/> Several days per month</p> <p><input type="checkbox"/> Every day</p>
<p>I experience MILD DISCOMFORT in my neck</p> <p><input type="checkbox"/> Rarely or never</p> <p><input type="checkbox"/> One or two days per month</p> <p><input type="checkbox"/> Several days per month</p> <p><input type="checkbox"/> Every day</p>	<p>I experience STRONG DISCOMFORT in my neck</p> <p><input type="checkbox"/> Rarely or never</p> <p><input type="checkbox"/> One or two days per month</p> <p><input type="checkbox"/> Several days per month</p> <p><input type="checkbox"/> Every day</p>
<p>I experience MILD DISCOMFORT in my arms</p> <p><input type="checkbox"/> Rarely or never</p> <p><input type="checkbox"/> One or two days per month</p> <p><input type="checkbox"/> Several days per month</p>	<p>I experience STRONG DISCOMFORT in my arms</p> <p><input type="checkbox"/> Rarely or never</p> <p><input type="checkbox"/> One or two days per month</p> <p><input type="checkbox"/> Several days per month</p>

<input type="checkbox"/> Every day	<input type="checkbox"/> Every day
I experience MILD DISCOMFORT in my elbows/wrists/hands	I experience STRONG DISCOMFORT in my elbows/wrists/hands
<input type="checkbox"/> Rarely or never	<input type="checkbox"/> Rarely or never
<input type="checkbox"/> One or two days per month	<input type="checkbox"/> One or two days per month
<input type="checkbox"/> Several days per month	<input type="checkbox"/> Several days per month
<input type="checkbox"/> Every day	<input type="checkbox"/> Every day

Task Questionnaire

We are also interested in identifying what tasks, if any, are difficult to perform, and want to get your ideas on how to make tasks easier for you and co-workers to complete.

Please check all the following that you think are physically difficult, and (where appropriate) list the tasks that require these activities.

- Safe Patient Handling and Mobility (SPHM) tasks (e.g., repositioning up in bed, turning patients, transferring patients from bed to wheelchair, toileting patients)

- Reaching/Grasping/Handling/Pinching:

List tasks that require difficult reaching and items that are difficult to grasp/handle/pinch:

- Lifting/Carrying/Moving:

List the items (not patients) that are difficult to lift/carry/move or handle:

- Pushing/Pulling:

List items that are difficult to push/pull:

- Standing/Walking:

- Squatting/Bending:

- Computer work:

- Other job-related tasks not listed above that are physically difficult to perform; please be as specific as possible

What are the most difficult tasks that you are required to do? What tasks cause you the most problems?

What are your ideas on how to make your job tasks easier to do?

For float pool staff: Are there some departments/units where it is more difficult to provide patient care? If so, please list the most difficult departments/units and tell us why they are more difficult.

Thank you for completing the comfort survey and task questionnaire.
Your opinions and input are extremely valuable and very much appreciated.
Please feel free to contact me if you have questions or want to give additional feedback. All feedback will be handled confidentially; i.e., individual names will not be connected to any feedback.