

## Occupational Factors Questionnaire

Occupational factors that the physician should consider: *(if not addressed during the initial consultation)*

- My work involves heavy physical demands
- My employer will not modify my work
- My work has stressful work demands
- I don't feel that I have workplace social support
- I am dissatisfied with my job
- I don't believe I will recover and return-to-work in the next 6 months
- I fear that I will re-injure myself if I return to work

### Questions about your work:

- Tell me about your work. \_\_\_\_\_
- How long have you been there? \_\_\_\_ Years \_\_\_\_ Months
- What is it like to work there? \_\_\_\_\_
- How did they react to your injury? \_\_\_\_\_

What are your most significant work-related challenges and functional difficulties that should be incorporated into the decision to return to work?

What tasks will be the most difficult to resume? \_\_\_\_\_

Are you concerned about re-injury? \_\_\_\_ Yes \_\_\_\_ No

What activities and postures are most painful? \_\_\_\_\_

What job tasks would need to be changed? \_\_\_\_\_

### Employer and Coworker Support:

How much flexibility do you have at work? \_\_\_\_\_

Can you modify the way you work? \_\_\_\_ Yes \_\_\_\_ No

Will you get any help from others? \_\_\_\_ Yes \_\_\_\_ No

Will your supervisor help you? \_\_\_\_ Yes \_\_\_\_ No

### Discuss job tasks and the ability to modify the tasks.

Can you change your working hours or shifts? \_\_\_\_ Yes \_\_\_\_ No

Can your productivity/work expectations be changed? \_\_\_\_ Yes \_\_\_\_ No

Can you arrange for occasional assistance? \_\_\_\_ Yes \_\_\_\_ No

Can you alter your job tasks or workstation? \_\_\_\_ Yes \_\_\_\_ No

### Access Physical Demands

There are some additional occupational factors in low back pain that should be considered when assessing the physical demands of the job.

**Occupational Factors Questionnaire** (Part 2)

You should tell your physician about any specific areas of the job that may be unusual or different. This will help your physician obtain a detailed understanding of the job before establishing restrictions, limitations, and/or modifications during light duty, modified duty, or transitional duty.

It is important to determine the time required for various activities, for example, more than four hours per day, two-to-four hours per day, less than two hours per day, less than five hours per week, or never.

I must lie on my back or side and work with my arms raised in order to get to or do my work:

- more than four hours per day
- two-to-four hours per day
- less than two hours per day
- less than 5 hours per week
- never

I must hold or carry materials (or large stacks of files) during the course of my work:

- more than four hours per day
- two-to-four hours per day
- less than two hours per day
- less than 5 hours per week
- never

I reach or hold my hands in front or behind my body to do my work. For example: Typing on a keyboard, filing, handling parts, performing inspection tasks, or pushing/pulling carts:

- more than four hours per day
- two-to-four hours per day
- less than two hours per day
- less than 5 hours per week
- never

I work at a fast pace to keep up with a machine-production quota or performance incentive:

- more than four hours per day
- two-to-four hours per day
- less than two hours per day
- less than 5 hours per week
- never

**Occupational Factors Questionnaire (Part 3)**

I repeatedly throw or toss items:

- more than four hours per day
- two-to-four hours per day
- less than two hours per day
- less than 5 hours per week
- never

I lift, move components, or do other aspects of my work with my hands lower than my knees:

- more than four hours per day
- two-to-four hours per day
- less than two hours per day
- less than 5 hours per week
- never

I repeatedly bend or twist my back forward, backward, or to the side in the course of my work:

- more than four hours per day
- two-to-four hours per day
- less than two hours per day
- less than 5 hours per week
- never

I lift quickly. And when I lift, my body is twisted:

- more than four hours per day
- two-to-four hours per day
- less than two hours per day
- less than 5 hours per week
- never

I lift or handle bulky items:

- more than four hours per day
- two-to-four hours per day
- less than two hours per day
- less than 5 hours per week
- never

Check all challenging job tasks and discuss modifications to each activity with your physician.

Can your work be modified or adapted?  Yes?  No?  Maybe? If yes or maybe, explain.

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## Occupational Factors Questionnaire (Part 4)

Do certain tasks reproduce or intensify the pain? \_\_\_\_Yes \_\_\_\_No

Discuss job tasks that are problematic with your physician. Are there possibilities of job modification? \_\_\_\_Yes \_\_\_\_No

Could you change the order of tasks? \_\_\_\_Yes \_\_\_\_No

Could you vary the speed or pace of the work? \_\_\_\_Yes \_\_\_\_No

Could you minimize repetitive tasks? \_\_\_\_Yes \_\_\_\_No

Could you switch or rotate activities? \_\_\_\_Yes \_\_\_\_No

Could you replace strenuous activities with easier tasks? \_\_\_\_Yes \_\_\_\_No

Can you use available equipment to reduce discomfort? \_\_\_\_Yes \_\_\_\_No

Can you avoid uncomfortable or awkward postures? \_\_\_\_Yes \_\_\_\_No

Can you minimize twisting or bending? \_\_\_\_Yes \_\_\_\_No

Can you limit pushing or pulling heavy objects? \_\_\_\_Yes \_\_\_\_No

Can you minimize working at floor level? \_\_\_\_Yes \_\_\_\_No

Can you alter tasks to fit personal preferences? \_\_\_\_Yes \_\_\_\_No

Can you alternate physical and sedentary tasks? \_\_\_\_Yes \_\_\_\_No

Can you reduce periods of prolonged sitting? \_\_\_\_Yes \_\_\_\_No

Can you assign the worker to a different site or location. \_\_\_\_Yes \_\_\_\_No

Can you ask for occasional help? Get help for heavy job tasks? \_\_\_\_Yes \_\_\_\_No

Can you take microbreaks to stretch? \_\_\_\_Yes \_\_\_\_No

Can you arrange for more rest breaks? \_\_\_\_Yes \_\_\_\_No

Can you customize the workstation? Rearrange the workspace? Alter work surface height?  
\_\_\_\_Yes \_\_\_\_No

Will your employer provide special chair, equipment, or tools? \_\_\_\_Yes \_\_\_\_No

Can you use available lift-assist devices? \_\_\_\_Yes \_\_\_\_No

Can you reduce long reaches? \_\_\_\_Yes \_\_\_\_No

Can you use mechanical transport devices? \_\_\_\_Yes \_\_\_\_No

Can you have shorten workdays? \_\_\_\_Yes \_\_\_\_No

Can you alter job hours? \_\_\_\_Yes \_\_\_\_No

Can you change work schedules? \_\_\_\_Yes \_\_\_\_No

Are you willing to self-manage strategies to increase work tolerance? \_\_\_\_Yes \_\_\_\_No

Are you willing to work with accommodations to allow for a gradual increase in work tolerance?  
\_\_\_\_Yes \_\_\_\_No

The physician should discuss the following points with the patient on each visit until the patient is working at full duty with no accommodation.

Is your discomfort improving as you continue to work? \_\_\_\_Yes \_\_\_\_No

Are there specific tasks that make your discomfort increase? \_\_\_\_Yes \_\_\_\_No

Are your functional problems improving? \_\_\_\_Yes \_\_\_\_No

Have you told your supervisor/employer about any ongoing functional problems or specific tasks that make your discomfort increase? \_\_\_\_Yes \_\_\_\_No

What was your supervisor/employer's response? \_\_\_\_\_

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