

<b>`Nordic Kuorinka Quiz</b>				
	<b>Question</b>			
	<b>1. Have you had discomfort in...????</b>			
Neck	Yes		No	
Shoulder	Left	Right	Both	None
Dorsum or lumbar	Left	Right	Both	None
Elbow or forearm	Left	Right	Both	None
Wrist or hand	Left	Right	Both	None
	<b>2. How long has it been?</b>			
Neck	Yes		No	
Shoulder	Left	Right	Both	None
Dorsum or lumbar	Left	Right	Both	None
Elbow or forearm	Left	Right	Both	None
Wrist or hand	Left	Right	Both	None
	<b>3. Have you needed to change jobs?</b>			
Neck	Yes		No	
Shoulder	Left	Right	Both	None
Dorsum or lumbar	Left	Right	Both	None
Elbow or forearm	Left	Right	Both	None
Wrist or hand	Left	Right	Both	None
	<b>4. Have you had any discomfort in the last 12 months?</b>			
Neck	Yes		No	
Shoulder	Left	Right	Both	None
Dorsum or lumbar	Left	Right	Both	None
Elbow or forearm	Left	Right	Both	None
Wrist or hand	Left	Right	Both	None
	<b>5. How long have you had discomfort in the last 12 months?</b>			
Neck	Yes		No	
Shoulder	Left	Right	Both	None
Dorsum or lumbar	Left	Right	Both	None
Elbow or forearm	Left	Right	Both	None
Wrist or hand	Left	Right	Both	None

	<b>6. How long does each episode?</b>				
Neck	Yes			No	
Shoulder	Left	Right	Both	None	
Dorsum or lumbar	Left	Right	Both	None	
Elbow or forearm	Left	Right	Both	None	
Wrist or hand	Left	Right	Both	None	
	<b>7. How much time have these discomforts prevented you from doing your job in the last 12 months?</b>				
Neck	Yes			No	
Shoulder	Left	Right	Both	None	
Dorsum or lumbar	Left	Right	Both	None	
Elbow or forearm	Left	Right	Both	None	
Wrist or hand	Left	Right	Both	None	
	<b>8. Have you received treatment for these complaints in the last 12 months?</b>				
Neck	Yes			No	
Shoulder	Left	Right	Both	None	
Dorsum or lumbar	Left	Right	Both	None	
Elbow or forearm	Left	Right	Both	None	
Wrist or hand	Left	Right	Both	None	
	<b>9. Have you had any discomfort in the last 7 days?</b>				
Neck	Yes			No	
Shoulder	Left	Right	Both	None	
Dorsum or lumbar	Left	Right	Both	None	
Elbow or forearm	Left	Right	Both	None	
Wrist or hand	Left	Right	Both	None	
	<b>10. Rate your discomfort between 0 (no discomfort) and 5 (very strong discomfort)</b>				
Neck	1	2	3	4	5
Shoulder	1	2	3	4	5
Dorsum or lumbar	1	2	3	4	5
Elbow or forearm	1	2	3	4	5
Wrist or hand	1	2	3	4	5
	<b>11. To what do you attribute this inconvenience?</b>				

Neck	
Shoulder	
Dorsum or lumbar	
Elbow or forearm	
Wrist or hand	