

Nordic Kuorinka Quiz				
	Question			
	1. Have you had discomfort in...????			
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
	2. How long has it been?			
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
	3. Have you needed to change jobs?			
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
	4. Have you had any discomfort in the last 12 months?			
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
	5. How long have you had discomfort in the last 12 months?			
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	