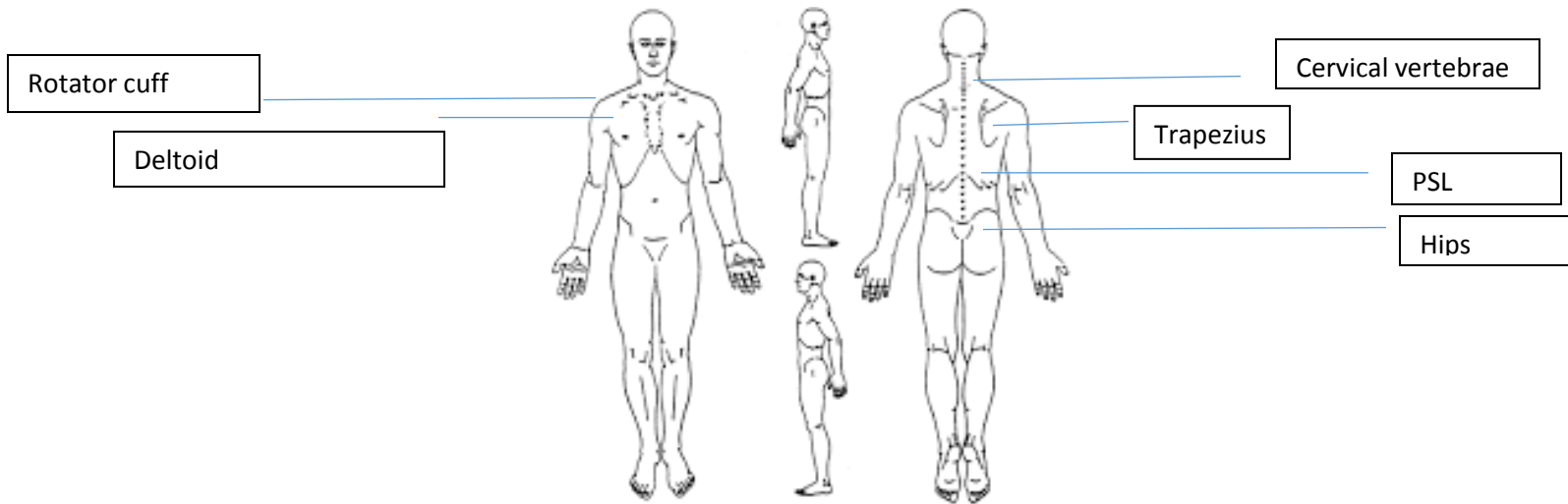


MATE Pre – Survey Worksheet



1. Does the employee have any prior shoulder injuries? (Y/N)
2. Does the employee have any prior deltoid injuries? (Y/N)
3. Does the employee have any prior upper back injuries (trapezius)? (Y/N)
4. Does the employee have a history of herniated discs (PSL injuries)? (Y/N)
5. Does the employee have any prior hip injuries? (Y/N)
6. How many hours does the employee work in a normal shift?
7. How many hours does the employee work in a week on average?

Please refer to diagram above to answer questions – Scale from 1 to 10 (10 being severe pain)

8. On a scale from 1 to 10 – how much pain do you feel in your rotator cuffs after a shift of work?
9. On a scale from 1 to 10 – how much pain do you feel in your deltoid muscles after a shift of work?
10. On a scale from 1 to 10 – how much pain do you feel in your neck (cervical vertebrae) after a shift of work?

11. On a scale from 1 to 10 – how much pain do you feel in your upper back (trapezius) after a shift of work?
12. On a scale from 1 to 10 – how much pain do you feel in your lower back (PSL) after a shift of work?
13. On a scale from 1 to 10 – how much pain do you feel in your hips after a shift of work?