version 3.0

ErgoAnalysis™ Participant questionnaire and informed consent

Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Right Middle Left

Shirt No/size: \_\_\_\_\_\_\_\_\_ MCell 3 number \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Short No/size: \_\_\_\_\_\_\_\_\_ MCell 3 number \_\_\_\_\_\_\_\_\_\_

Hand grip strength (Jamar, kg) Right: \_\_\_\_\_\_ \_\_\_\_\_\_ Left: \_\_\_\_\_\_ \_\_\_\_\_\_

Subject background information

##### Occupation: \_\_\_\_\_\_\_\_\_\_\_ Job task description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male/Female/NA Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Handedness: Right/Left

Hight: \_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_ Smoking status: Yes/No

##### Job experience length on this field? \_\_\_\_\_\_\_ yrs In current job: \_\_\_\_\_\_\_ yrs

##### Physical activity class: \_\_\_ (see table below)

|  |  |
| --- | --- |
| **Activity description** | **Activity class** |
| You are not engaged in regular recreational physical activities or heavy physical work.  | You avoid all physical activities whenever possible. | **0** |
| During leisure time, you walk for fun, use stairs regularly, and exercise occasionally strenuously. | **1** |
| You are engaged in regular physical activity or work at least of moderate intensity, like gardening, pole walking or moderate intensity bicycling. | 10-60 min/week | **2** |
| Over 1h/week | **3** |
| You are engaged in regular heavy physical activity, like jogging, aerobic exercise or strenuous intensity bicycling. | Less than 30 min/week | **4** |
| 30-60 min/week | **5** |
| 1-3 h/week | **6** |
| Over 30 min/week | **7** |
| Endurance athlete (local level) | 5-7 h/week | **7,5** |
| 7-9 h/week | **8** |
| Endurance athlete (national level) | 9-11 h/week | **8,5** |
| 11-13 h/week | **9** |
| Endurance athlete (internetional level) | 13-15 h/week | **9,5** |
| Over 15 h/week | **10** |

Do you have any cardiovascular diseases: Yes / No

 If yes, explain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the disease prevent you from taking the maximum muscle tests: Yes / No

Do you have any musculoskeletal pain and/or disease: Yes / No

 If yes, does it have effect on muscle test result(s): Yes /Possibly/ No

 If yes, fill in the pain drawing below.

##### Resting heart rate: \_\_\_\_\_\_\_ (if known) Maximum heart rate: \_\_\_\_\_\_\_\_ (if known)

**I have received enough information of the ErgoAnalysis measurements.**

**I accept using and showing my test results anonymously at my work place. Yes / No**

**I accept that my test results can be sent to my occupational health care personnel(s) with my name. Yes / No**

Place, date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (for personal test results) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fill into the drawing with marking xxxxx all areas that you have felt painful during the past 7 days:

