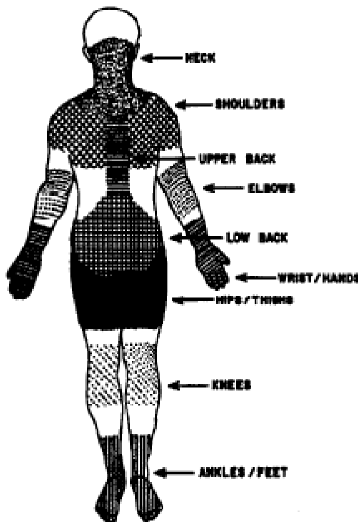
Attachment G4:
Standardized Nordic Questionnaire for Musculoskeletal Symptoms Instrument

Form Approved
OMB No. 0920-0964
Exp. Date xx-xx-xxxx

How to answer the questionnaire:

Please answer by putting a cross in the appropriate box—one cross for each question. You may be in doubt as to how to answer, but please do your best anyway. Please answer every question, even if you have never had trouble in any part of your body.

In this picture you can see the approximate position of the parts of the body referred to in the questionnaire. Limits are not sharply defined, and certain parts overlap. You should decide for yourself in which part you have or have had your trouble (if any).



Trouble with the locomotive organs

Have you at any time during the last 12 months had trouble (ache, pain, discomfort) in:	To be answered only by those who have had trouble	
	Have you at any time during the last 12 months been prevented from doing your normal work (at home or away from home) because of the trouble?	Have you had trouble at any time during the last 7 days?
Neck 1 ☐ No 2 ☐ Yes	1 ☐ No 2 ☐ Yes	1 ☐ No 2 ☐ Yes
Shoulders 1 ☐ No 2 ☐. In the right shoulder 3 ☐ Yes, in the left shoulder 4 ☐ Yes, in both shoulders	1 ☐ No 2 ☐ Yes	1 ☐ No 2 ☐ Yes
Elbows 1 ☐ No 2 ☐ Yes, in the right elbow 3 ☐ Yes, in the left elbow 4 ☐ Yes, in both elbows	1 ☐ No 2 ☐ Yes	1 ☐ No 2 ☐ Yes
Wrists/hands 1 ☐ No 2 ☐ Yes, in the right wrist/hand 3 ☐ Yes, in the left wrist/hand 4 ☐ Yes, in both wrists/hands	1 ☐ No 2 ☐ Yes	1 ☐ No 2 ☐ Yes
Upper back 1 ☐ No 2 ☐ Yes	1 ☐ No 2 ☐ Yes	1 ☐ No 2 ☐ Yes
Low back (small of the back) 1 ☐ No 2 ☐	1 ☐ No 2 ☐ Yes	1 ☐ No 2 ☐ Yes
One or both hips/thighs 1 ☐ No 2 ☐	1 ☐ No 2 ☐ Yes	1 ☐ No 2 ☐ Yes
One or both knees 1 ☐ No 2 ☐	1 ☐ No 2 ☐ Yes	1 ☐ No 2 ☐ Yes
One or both ankles/feet 1 ☐ No 2 ☐	1 ☐ No 2 ☐ Yes	1 ☐ No 2 ☐ Yes

Public reporting burden of this collection of information is estimated to average 4 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0964).