
































**NMS - MUSCULOSKELETAL: [INTERVIEWER: FIRST ASK ALL FIRST COLUMN QUESTIONS]**

| During the last 12 months [from XXX of last year until now (current month)], have you had pain or discomfort in your...<br>  | What type of work were you doing when this pain/discomfort began?   | [If NF, ask:] What type of TASK were you doing?<br><br>[If FW, ask:] What type of TASK and CROP were you working on? | Did you have this pain/discomfort for FIVE (5) or more consecutive days?<br>[If "YES", ask]: How many days? | How severe was this pain/discomfort?<br>[SHOW SCALE BELOW]   | How long did you work with this pain/discomfort?   | How many days did you NOT WORK because of this pain/discomfort?  |
|---|---|--|---|--|--|--|
| NMS (1 TO 6)  | a.  | f.   | b.  | c.   | d.   | e.   |
| NMS1<br>...BACK?<br><input type="checkbox"/> 0 NO <br><input type="checkbox"/> 1 YES                    | <input type="checkbox"/> FW <br><input type="checkbox"/> NF <br><input type="checkbox"/> NW        | "FW": CROP AND TASK:<br><br>"NF": OCCUPATION AND INDUSTRY:   | <input type="checkbox"/> 0 NO<br><input type="checkbox"/> 1 YES:<br><br>[ ] [ ] DAYS                        | <input type="checkbox"/> 1 A LITTLE<br><input type="checkbox"/> 2 A LOT<br><input type="checkbox"/> 3 UNBEARABLE | <input type="checkbox"/> LESS THAN A DAY<br><input type="checkbox"/> DAYS:<br><input type="checkbox"/> WEEKS: [ ] [ ]<br><input type="checkbox"/> MONTHS: [ ] [ ]<br><input type="checkbox"/> DON'T KNOW | <input type="checkbox"/> LESS THAN A DAY<br><input type="checkbox"/> DAYS:<br><input type="checkbox"/> WEEKS: [ ] [ ]<br><input type="checkbox"/> MONTHS: [ ] [ ]<br><input type="checkbox"/> DON'T KNOW |
| NMS2<br>...SHOULDER / NECK?<br><input type="checkbox"/> 0 NO <br><input type="checkbox"/> 1 YES         | <input type="checkbox"/> FW <br><input type="checkbox"/> NF <br><input type="checkbox"/> NW        | "FW": CROP AND TASK:<br><br>"NF": OCCUPATION AND INDUSTRY:   | <input type="checkbox"/> 0 NO<br><input type="checkbox"/> 1 YES:<br><br>[ ] [ ] DAYS                        | <input type="checkbox"/> 1 A LITTLE<br><input type="checkbox"/> 2 A LOT<br><input type="checkbox"/> 3 UNBEARABLE | <input type="checkbox"/> LESS THAN A DAY<br><input type="checkbox"/> DAYS:<br><input type="checkbox"/> WEEKS: [ ] [ ]<br><input type="checkbox"/> MONTHS: [ ] [ ]<br><input type="checkbox"/> DON'T KNOW | <input type="checkbox"/> LESS THAN A DAY<br><input type="checkbox"/> DAYS:<br><input type="checkbox"/> WEEKS: [ ] [ ]<br><input type="checkbox"/> MONTHS: [ ] [ ]<br><input type="checkbox"/> DON'T KNOW |
| NMS3<br>...ELBOW / ARM?<br><input type="checkbox"/> 0 NO <br><input type="checkbox"/> 1 YES             | <input type="checkbox"/> FW <br><input type="checkbox"/> NF <br><input type="checkbox"/> NW        | "FW": CROP AND TASK:<br><br>"NF": OCCUPATION AND INDUSTRY:   | <input type="checkbox"/> 0 NO<br><input type="checkbox"/> 1 YES:<br><br>[ ] [ ] DAYS                        | <input type="checkbox"/> 1 A LITTLE<br><input type="checkbox"/> 2 A LOT<br><input type="checkbox"/> 3 UNBEARABLE | <input type="checkbox"/> LESS THAN A DAY<br><input type="checkbox"/> DAYS:<br><input type="checkbox"/> WEEKS: [ ] [ ]<br><input type="checkbox"/> MONTHS: [ ] [ ]<br><input type="checkbox"/> DON'T KNOW | <input type="checkbox"/> LESS THAN A DAY<br><input type="checkbox"/> DAYS:<br><input type="checkbox"/> WEEKS: [ ] [ ]<br><input type="checkbox"/> MONTHS: [ ] [ ]<br><input type="checkbox"/> DON'T KNOW |
| NMS4<br>...HAND/WRIST/FINGER?<br><input type="checkbox"/> 0 NO <br><input type="checkbox"/> 1 YES      | <input type="checkbox"/> FW <br><input type="checkbox"/> NF <br><input type="checkbox"/> NW       | "FW": CROP AND TASK:<br><br>"NF": OCCUPATION AND INDUSTRY:   | <input type="checkbox"/> 0 NO<br><input type="checkbox"/> 1 YES:<br><br>[ ] [ ] DAYS                        | <input type="checkbox"/> 1 A LITTLE<br><input type="checkbox"/> 2 A LOT<br><input type="checkbox"/> 3 UNBEARABLE | <input type="checkbox"/> LESS THAN A DAY<br><input type="checkbox"/> DAYS:<br><input type="checkbox"/> WEEKS: [ ] [ ]<br><input type="checkbox"/> MONTHS: [ ] [ ]<br><input type="checkbox"/> DON'T KNOW | <input type="checkbox"/> LESS THAN A DAY<br><input type="checkbox"/> DAYS:<br><input type="checkbox"/> WEEKS: [ ] [ ]<br><input type="checkbox"/> MONTHS: [ ] [ ]<br><input type="checkbox"/> DON'T KNOW |
| NMS5<br>...LEGS / FEET / TOES?<br><input type="checkbox"/> 0 NO <br><input type="checkbox"/> 1 YES  | <input type="checkbox"/> FW <br><input type="checkbox"/> NF <br><input type="checkbox"/> NW  | "FW": CROP AND TASK:<br><br>"NF": OCCUPATION AND INDUSTRY:   | <input type="checkbox"/> 0 NO<br><input type="checkbox"/> 1 YES:<br><br>[ ] [ ] DAYS                        | <input type="checkbox"/> 1 A LITTLE<br><input type="checkbox"/> 2 A LOT<br><input type="checkbox"/> 3 UNBEARABLE | <input type="checkbox"/> LESS THAN A DAY<br><input type="checkbox"/> DAYS:<br><input type="checkbox"/> WEEKS: [ ] [ ]<br><input type="checkbox"/> MONTHS: [ ] [ ]<br><input type="checkbox"/> DON'T KNOW | <input type="checkbox"/> LESS THAN A DAY<br><input type="checkbox"/> DAYS:<br><input type="checkbox"/> WEEKS: [ ] [ ]<br><input type="checkbox"/> MONTHS: [ ] [ ]<br><input type="checkbox"/> DON'T KNOW |
| NMS6<br>...OTHER?<br><input type="checkbox"/> 0 NO <br><input type="checkbox"/> 1 YES               | <input type="checkbox"/> FW <br><input type="checkbox"/> NF <br><input type="checkbox"/> NW  | "FW": CROP AND TASK:<br><br>"NF": OCCUPATION AND INDUSTRY:   | <input type="checkbox"/> 0 NO<br><input type="checkbox"/> 1 YES:<br><br>[ ] [ ] DAYS                        | <input type="checkbox"/> 1 A LITTLE<br><input type="checkbox"/> 2 A LOT<br><input type="checkbox"/> 3 UNBEARABLE | <input type="checkbox"/> LESS THAN A DAY<br><input type="checkbox"/> DAYS:<br><input type="checkbox"/> WEEKS: [ ] [ ]<br><input type="checkbox"/> MONTHS: [ ] [ ]<br><input type="checkbox"/> DON'T KNOW | <input type="checkbox"/> LESS THAN A DAY<br><input type="checkbox"/> DAYS:<br><input type="checkbox"/> WEEKS: [ ] [ ]<br><input type="checkbox"/> MONTHS: [ ] [ ]<br><input type="checkbox"/> DON'T KNOW |

A LITTLE

A LOT

UNBEARABLE

