Attachment D. Questionnaire

OMB No. 0920-XXXX Exp. Date: xx/xx/20xx

Survey Practicing Ergonomist Survey of Tools and Methods - 2016 revision

Q1. Years experie O 0-5 years	nce as an Ergono O 6-10 years	omist: O 11-20 years	O 21+ years		
Q2. What is your co O Ergonomist	urrent occupation	O Consultant		O Psychologist	
O Engineer O Physiotherapist O Occupational H		O Manager O Occupational Th O Other (describe		O Educator O Human Factors Engineer	

Q3a. What is your expertise specialization (please mark no more than 3)

204. What is your experiise specialization (please mark	
O Accidents/Error/Risk	O Job/Task Analysis and Design
O Anthropometry/Biomechanics	O Manual Control
O Attention/Perception	O Mental Models
O Controls/Data Entry Devices	O Performance
O Crew Team/Organizations	O Personnel Testing
O Decision Making	O Process Control and Automation
O Disabilities/Aging	O Rehabilitation
O Environmental Factors/Stresses	O Signal Detection/Classification
O Evaluation of Products/Systems	O Speech Recognition/Processing
O Forensics	O Systems
O Health and Safety	O Warning and Labels
O Information Display	O Workload
O Information Processing	O Other
O Job/Task Analysis	

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Q3b. Please indicate the top 3 industries in which you spend the most time doing your ergonomics work? (Select only one for the column "1st", one or none for the column "2nd", and one or none for the column "3rd").

1st	2nd	3rd	Industry Sector
0	0	0	Agriculture, Forestry, or Fishing
0	0	0	Construction
0	0	0	Healthcare & Social Assistance
0	0	0	Manufacturing
0	0	0	Mining - except Oil and Gas Extraction
0	0	0	Oil and Gas Extraction
0	0	0	Services - except Public Safety
0	0	0	Public Safety
0	0	0	Transportation, Warehousing & Utilities
0	0	0	Wholesale and Retail Trade

Q4. What is your highest degree?

O Bachelor's Degree O Master's Degree O Doctorate

Q5. Please write in your major field of study for your highest degree:

Q6. Basic Measurement Tools

Basic Measurement Tool	Have you used in the field? (mark one)	If <u>NO</u> , would you if available?	If <u>YES</u> , how useful would you rate the tool? 1= not at all useful 5 = very useful
6.1 Tape Measure	O Yes O No	O Yes O No	02345
6.2 Digital Video Camera	O Yes O No	O Yes O No	0 2 3 4 5
6.3 Digital Still Camera	O Yes O No	O Yes O No	0 2 3 4 5
6.4 Stopwatch	O Yes O No	O Yes O No	0 2 3 4 5
6.5 Laptop	O Yes O No	O Yes O No	0 2 3 4 5
6.6 Tablet/Smart Device	O Yes O No	O Yes O No	0 2 3 4 5
6.7 Light Meter	O Yes O No	O Yes O No	02345

6.8 Sound Level MeterO YesO NoO
6.10 Spring GaugeO YesO NoO YesO NoO YesO No6.11 Scale (load cell)O YesO NoO YesO NoO YesO NoO YesO No6.12 Slip MeterO YesO NoO YesO NoO YesO NoO YesO NoO YesO No6.13 Distance measuring wheelO YesO NoO YesO NoO YesO NoO YesO NoO YesO No6.14 ThermometerO YesO NoO YesO NoO YesO NoO YesO NoO YesO No6.15 Anemometer (air velocity)O YesO NoO YesO NoO YesO NoO YesO NoO YesO No
6.10 Spring GaugeO YesO NoO YesO NoO YesO No6.11 Scale (load cell)O YesO NoO YesO NoO YesO NoO YesO No6.12 Slip MeterO YesO NoO YesO NoO YesO NoO YesO NoO YesO No6.13 Distance measuring wheelO YesO NoO YesO NoO YesO NoO YesO NoO YesO No6.14 ThermometerO YesO NoO YesO NoO YesO NoO YesO NoO YesO No6.15 Anemometer (air velocity)O YesO NoO YesO NoO YesO NoO YesO NoO YesO No
6.11 Scale (load cell)O YesO NoO YesO NoO YesO No6.12 Slip MeterO YesO NoO YesO NoO YesO NoO YesO No6.13 Distance measuring wheelO YesO NoO YesO NoO YesO NoO YesO NoO YesO No6.14 ThermometerO YesO NoO YesO NoO YesO NoO YesO NoO YesO NoO YesO No6.15 Anemometer (air velocity)O YesO NoO YesO NoO YesO NoO YesO NoO YesO No
6.12 Ship WeterO YesO NoO YesO NoO YesO No6.13 Distance measuring wheelO YesO NoO YesO NoO YesO No6.14 ThermometerO YesO NoO YesO NoO YesO NoO YesO No6.15 Anemometer (air velocity)O YesO NoO YesO NoO YesO NoO YesO No
6.13 Distance measuring wheel O Yes O No O Yes O Yes O No O Yes O Yes O Yes
6.15 Anemometer (air velocity) O Yes O No O Yes O Yes O No O Yes O Yes O No O Yes
6.16 Sling PsychrometerO YesO NoO YesO NoIII
6.17a Other: O Yes 0 0 3 4 5
6.17b Other: O Yes 0 2 3 4 5
6.17c Other: O Yes ① ② ③ ④ ⑤

Q7. Observational Techniques

Whole Body	Assessment To	echniques			
Observational Technique	Have you ever used this for job analysis?	If NO, why? (mark most important reason)	If YES, in what format	If YES, how often?	If YES, why do you use it in the field? (mark most important reason)
7.1 RULA (Rapid Upper Limb Assessment	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.2 REBA (Rapid Entire Body Assessment)	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.3 OWAS (Ovako Working Posture Analysis System)	O Yes O No	O Not necessary in my job O Do not find it useful	O Pencil & paper O Desktop/laptop software O Mobile device	O About once per year or less O About once every 6 months	O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis

		O Not familiar with	application (tablet,	O About every 3	O Cost considerations
		O Not available to me O Too expensive O Other	o Other	months O About once a month O About once a week O More than once	 O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.4 PATH (Posture, Activity, Tools and Handling)	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	per week O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.5 Biomechanical or digital human modelling (examples include Jack, Delmia, UofM 3DSSPP, among others) Which one:	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other		 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.6 Body Discomfort Map (e.g. Corlett and Bishop Map)	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.7 JCQ - Job Content Questionnaire	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.8 PLIBEL	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)

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				O More than once	
7.9 Rodgers Muscle Fatigue Analysis	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	per week O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
Manual Hand	llina Assessme	ent Techniques			
Observational Technique	Have you ever used this for job analysis?	If NO, why? (mark most important reason)	If YES, in what format	If YES, how often?	If YES, why do you use it in the field? (mark most important reason)
7.10 Psychophysical Material Handling Data (includes "Snook/Ciriello tables")	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.11 NIOSH Lifting Equation	O Yes, 1981 version (original) O Yes, 1993 version (revised) O Yes, I'm not sure which version O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.12 Energy Prediction Model	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.13 ACGIH® Threshold Limit Value® (TLV®) for Lifting	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.14 Washington	O Yes O No	O Not necessary in my job	O Pencil & paper O Desktop/laptop	O About once per year or less	O Efficient/Easy to use O Only tool I am familiar

State (WISHA) Lifting Calculator		O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	software O Mobile device application (tablet, smartphone, etc.) O Other	 O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.15 Ohio Bureau of Workers Compensation (BWC) - Lifting Guidelines	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.16 Health Safety Executive (HSE) Manual handling assessment charts (MAC tool)	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
Linner Extrem	ity Assessmer	nt Techniques			
Upper Extrem Observational Technique	ity Assessmer Have you ever used this for job analysis?	If NO, why? (mark most	If YES, in what format	If YES, how often?	If YES, why do you use it in the field? (mark most important reason)
Observational	Have you ever	If NO, why?		If YES, how often? O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week	
Observational Technique 7.17 Psychophysical Upper Extremity Data (e.g. "Snook and	Have you ever used this for job analysis? O Yes	If NO, why? (mark most important reason) O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.)	O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once	field? (mark most important reason) O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate

		me O Too expensive O Other	O Other	O About once a month O About once a week O More than once per week	O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.20 TLV for Hand Activity (ACGIH)	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.21 TLV for Upper Limb Muscle Fatigue (ACGIH)	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.22 Health Safety Executive (HSE) Assessment of Repetitive Tasks (ART tool)	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)
7.23 Muscle fatigue equations	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with O Not available to me O Too expensive O Other	O Pencil & paper O Desktop/laptop software O Mobile device application (tablet, smartphone, etc.) O Other	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with/have available for this analysis O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory mandate O Other: (explain below)

Other Observational Assessment Techniques you have used							
Observational	Who developed this?	If YES, in what	If YES, how often?	If YES, why do you use it in the			
Technique		format		field? (mark most important			
				reason)			
7.24a OTHER	O My company developed	O Pencil & paper	O About once per	O Efficient/Easy to use			
	O An outside organization	O Desktop/laptop	year or less	O Only tool I am familiar			
	developed for my company	software	O About once every 6	with/have available for this			
	(proprietary)	O Mobile device	months	analysis			
	O An outside organization	application (tablet,	O About every 3	O Cost considerations			
Describe:	developed (non-proprietary)	smartphone, etc.)	months	O Appropriate for job			
	O I don't know	O Other	O About once a	O Recognized/Requested by			

			month	management
			O About once a week	O Regulatory mandate
			O More than once per	O Other: (explain below)
			week	
7.24b OTHER	O My company developed	O Pencil & paper	O About once per	O Efficient/Easy to use
	O An outside organization	O Desktop/laptop	year or less	O Only tool I am familiar
	developed for my company	software	O About once every 6	with/have available for this
	(proprietary)	O Mobile device	months	analysis
	O An outside organization	application (tablet,	O About every 3	O Cost considerations
Describe:	developed (non-proprietary)	smartphone, etc.)	months	O Appropriate for job
	O I don't know	O Other	O About once a	O Recognized/Requested by
			month	management
			O About once a week	O Regulatory mandate
			O More than once per week	O Other: (explain below)
7.24c OTHER	O My company developed	O Pencil & paper	O About once per	O Efficient/Easy to use
	O An outside organization	O Desktop/laptop	year or less	O Only tool I am familiar
	developed for my company	software	O About once every 6	with/have available for this
	(proprietary)	O Mobile device	months	analysis
	O An outside organization	application (tablet,	O About every 3	O Cost considerations
Describe:	developed (non-proprietary)	smartphone, etc.)	months	O Appropriate for job
	O I don't know	O Other	O About once a	O Recognized/Requested by
			month	management
			O About once a week	O Regulatory mandate
			O More than once per	O Other: (explain below)
			week	

Q8. Direct Measurement Techniques

Direct Measurement Technique	Have you ever used this tool for job analysis?	If NO, why? (mark most important reason)	If YES, how often?	If YES, why do you use it in the field? (mark most important reason)
8.1 Lumbar Motion Monitor (LMM) or other electrogoniometer for the trunk	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with this tool O Not available to me O Too expensive O Other:	O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week	 O Efficient/Easy to use O Only tool I am familiar with or have available for this O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory requirement O Other: (please explain)
8.2 Electronic Wrist Goniometer	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with this tool O Not available to me O Too expensive O Other:	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with or have available for this O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory requirement O Other: (please explain)
8.3 Grip Dynamometer	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with this tool O Not available to me O Too expensive O Other:	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with or have available for this O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory requirement O Other: (please explain)
8.4 Pinch Dynamometer	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with this tool O Not available to me O Too expensive O Other:	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with or have available for this O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory requirement O Other: (please explain)
8.5 Instrumented Hand Tools (for force measurement)	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with this tool O Not available to me O Too expensive O Other:	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with or have available for this O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory requirement O Other: (please explain)
8.6 Heart Rate Monitor	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with this tool	O About once per year or less O About once every 6	O Efficient/Easy to use O Only tool I am familiar with or have available for this

	-			
		O Not available to me O Too expensive O Other:	months O About every 3 months O About once a month O About once a week O More than once per week	 O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory requirement O Other: (please explain)
8.7 Push/Pull Force Sensors	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with this tool O Not available to me O Too expensive O Other:	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with or have available for this O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory requirement O Other: (please explain)
8.8 Electromyography	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with this tool O Not available to me O Too expensive O Other:	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with or have available for this O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory requirement O Other: (please explain)
8.9 Vibration Measurement	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with this tool O Not available to me O Too expensive O Other:	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with or have available for this O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory requirement O Other: (please explain)
8.10a Motion capture/measurement (optical, requiring cameras)	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with this tool O Not available to me O Too expensive O Other:	 O About once per year or less O About once every 6 months O About once a months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with or have available for this O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory requirement O Other: (please explain)
8.10b Motion capture/measurement (non-optical, not requiring cameras)	O Yes O No	O Not necessary in my job O Do not find it useful O Not familiar with this tool O Not available to me O Too expensive O Other:	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with or have available for this O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory requirement O Other: (please explain)
L	-1	1	1	

8.11a OTHER Describe:	O Yes	O Not necessary in my job O Do not find it useful O Not familiar with this tool O Not available to me O Too expensive O Other:	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with or have available for this O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory requirement O Other: (please explain)
8.11b OTHER Describe:	O Yes	O Not necessary in my job O Do not find it useful O Not familiar with this tool O Not available to me O Too expensive O Other:	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with or have available for this O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory requirement O Other: (please explain)
8.11c OTHER Describe:	O Yes	O Not necessary in my job O Do not find it useful O Not familiar with this tool O Not available to me O Too expensive O Other:	 O About once per year or less O About once every 6 months O About every 3 months O About once a month O About once a week O More than once per week 	 O Efficient/Easy to use O Only tool I am familiar with or have available for this O Cost considerations O Appropriate for job O Recognized/Requested by management O Regulatory requirement O Other: (please explain)

Q9. Do you use any Ergonomic Checklists?

O Yes O No (If YES, please list up to 3 below)

Checklist Name:	In what format do you use it?	How often do you use it?
	O Pencil & paper	O About once per year or less
	O Desktop/laptop software	O About once every 6 months
	O Mobile device application (tablet, smartphone, etc.)	O About every 3 months
	O Other:	O About once a month
		O About once a week
		O More than once per week
Checklist Name:	In what format do you use it?	How often do you use it?
	O Pencil & paper	O About once per year or less
	O Desktop/laptop software	O About once every 6 months
	O Mobile device application (tablet, smartphone, etc.)	O About every 3 months
	O Other:	O About once a month
		O About once a week
		O More than once per week
Checklist Name:	In what format do you use it?	How often do you use it?
	O Pencil & paper	O About once per year or less
	O Desktop/laptop software	O About once every 6 months
	O Mobile device application (tablet, smartphone, etc.)	O About every 3 months
	O Other:	O About once a month
		O About once a week
		O More than once per week

Q10. Do you use any questionnaires or data collection tools for assessing workplace **Psycho-Social factors**?

O Yes O No (If YES, please list up to 3 below)

(1) Please describe:	How often do you use it? O About once per year or less
	O About once every 6 months
	O About every 3 months
	O About once a month
	O About once a week
	O More than once per week
(2) Please describe::	How often do you use it?
	O About once per year or less
	O About once every 6 months
	O About every 3 months
	O About once a month
	O About once a week
	O More than once per week
(3) Please describe::	How often do you use it?
	O About once per year or less
	O About once every 6 months
	O About every 3 months
	O About once a month
	O About once a week
	O More than once per week

Q11. Do you use any assessment tools or guidelines to integrate protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker well-being? For example, advancing worker well-being by integrating policies, programs, and practices such as compensation and benefits with those related to health protection. In the United States, this may be known as Total Worker Health®.

O Yes O No (If YES, please list up to 3 below)

(1) Please describe:	How often do you use it?
	O About once per year or less
	O About once every 6 months
	O About every 3 months
	O About once a month
	O About once a week
	O More than once per week
(2) Please describe::	How often do you use it?
	O About once per year or less
	O About once every 6 months
	O About every 3 months
	O About once a month
	O About once a week
	O More than once per week
(3) Please describe::	How often do you use it?
	O About once per year or less
	O About once every 6 months
	O About every 3 months
	O About once a month
\	O About once a week
	O More than once per week

Q12. Do you use any Anthropometric Software or Tables?

O Yes O No (If YES, please list up to 3 below)

Anthropometric Software or	How often do you use it?
Reference Name:	O About once per year or less
	O About once every 6 months
	O About every 3 months
	O About once a month
	O About once a week
	O More than once per week
Anthropometric Software or	How often do you use it?
Reference Name:	O About once per year or less
	O About once every 6 months
	O About every 3 months
	O About once a month
	O About once a week
	O More than once per week
Anthropometric Software or	How often do you use it?
Reference Name:	O About once per year or less
	O About once every 6 months
	O About every 3 months
	O About once a month
	O About once a week
	O More than once per week

Q13. Do you use any <u>Smart Device "Apps"</u> for ergonomics purposes related to musculoskeletal health, and/or prevention of workplace injury? (Excluding apps you use only for your own personal health.) O Yes O No

(If YES, Please list up to 3 smart device "apps" below. These can be products that were purchased commercially or that your organization has developed.)

Smart device "App"	How did you obtain it?	How often do you use it?
Name or description:	O commercial download O developed in-house	O About once per year or less O About once every 6 months
Nume of description.	O other (describe)	O About every 3 months O About once a month
		O About once a week O More than once per week
Name or description:	O commercial download O developed in-house	O About once per year or less O About once every 6 months
	O other (describe)	O About every 3 months O About once a month O About once a week
		O More than once per week
Name or description:	O commercial download O developed in-house	O About once per year or less O About once every 6 months
Name of description.	O other (describe)	O About every 3 months
		O About once a month O About once a week
		O More than once per week

Q14. Please describe any tools you use that we did not inquire about:

Q15. Please describe any tools you would like to use that we did not inquire about:

Q16. Other Comments: