

## PATIENT'S JOB DESCRIPTION

**Patient Name:** \_\_\_\_\_

To properly evaluate the effect that your continuing to work will have on your recovery, we need to know the details of your usual workday, as well as other tasks you are required to perform even occasionally. Please provide answers to all the questions. If you do not believe a question applies to you, please mark it "N/A" (Not Applicable).

What is your job? \_\_\_\_\_

Please give a brief description of your daily job duties. Include activities that you are occasionally asked to perform.

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**USUAL JOB TASKS** How much time of each work day do you spend:

_____	Standing .....	Type of surface (i.e. outdoors, concrete, wood)	_____
_____	Sitting .....	Type of chair	_____
_____	Walking .....	What distance	_____
_____	Bending .....	How often per hour	_____
_____	Stooping .....	How often per hour	_____
_____	Crawling .....	How often per hour	_____
_____	Twisting .....	How often per hour	_____
_____	Raising arms above head .....	How often per hour	_____
_____	Lifting .....	Maximum weight	_____
_____	Driving .....	How often per hour	_____
_____	Operating equipment .....	What kind	_____

**JOB SATISFACTION**

Are you satisfied with your job? \_\_\_\_\_

Do you dread going to work each day? \_\_\_\_\_

Is your job rewarding? \_\_\_\_\_

Have you changed jobs often in the past five years? \_\_\_\_\_

Is your job in a noisy environment? \_\_\_\_\_

Do you feel stress on your job? \_\_\_\_\_

Describe: \_\_\_\_\_

**GENERAL**

Do you work with others who can assist you to perform heavy work?  YES  NO

Are there "light duty" tasks available for you to request during your recovery?  YES  NO

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date