Rev. February 23, 2022
(Adapted from the Nordic Musculoskeletal Questionnaire, NMQ)

NATIONAL TAIWAN UNIVERSITY
Musculoskeletal Symptoms Assessment Checklist

Assessment date: _____/_____/_____ (yyyy/mm/dd)

A. Basic Information

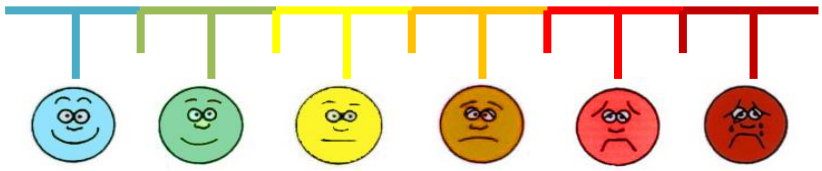
Unit:	Job description:				Job title:	
Name:	Gender:	Age:	Years of service:	Height:	Weight:	Handedness:
	□ Male □ Female					□ Left-handed □ Right-handed

1. Have you experienced continuous fatigue, limited range of motion in the joint(s), muscle soreness/numbness/pain, or other similar discomfort for more than two weeks in the last year?
   □ No □ Yes
2. If you answered "Yes" to the previous question, do you think such symptoms are related to your work environment or inappropriate posture while at work?
   □ No (If you choose "No," **you do not need to answer any of the following questions**.) □ Yes (If you choose "Yes," please answer the following questions.)
3. How long has the soreness/pain, discomfort, or limited joint motion lasted?
   □ 1 month □ 3 months □ 6 months □ 1 year □ 3 years □ > 3 years

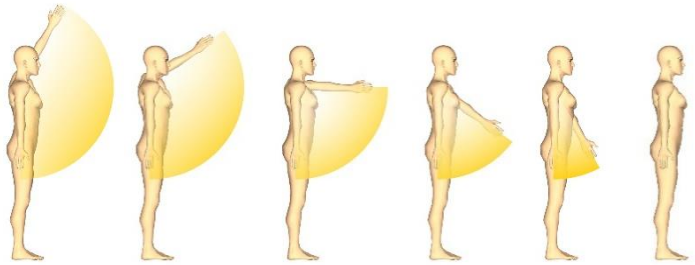
B. Symptoms

◎ Instructions

Please evaluate whether the following parts of your body are affected by soreness, pain, discomfort, or limited joint motion, and **select the option with the highest score that applies to you**. For example, if you feel soreness/pain/discomfort (2 points) as well as limited joint motion (3 points) in your shoulders, you should score 3 points. (Please fill in the results on the reverse side.)



Soreness/Pain/ Discomfort	N/A	Negligible	Potentially impacts work performance	Impacts work performance	Impacts ability to move independently	Unable to move independently
Score	**0**	**1**	**2**	**3**	**4**	**5**



Range of motion in the joint	Can move freely	Pain experienced when joint is moved to the extreme	Pain experienced when joint is moved more than halfway	Can only move joint halfway	Can only move joint 1/4 of the way	Unable to move freely at all
Score	**0**	**1**	**2**	**3**	**4**	**5**

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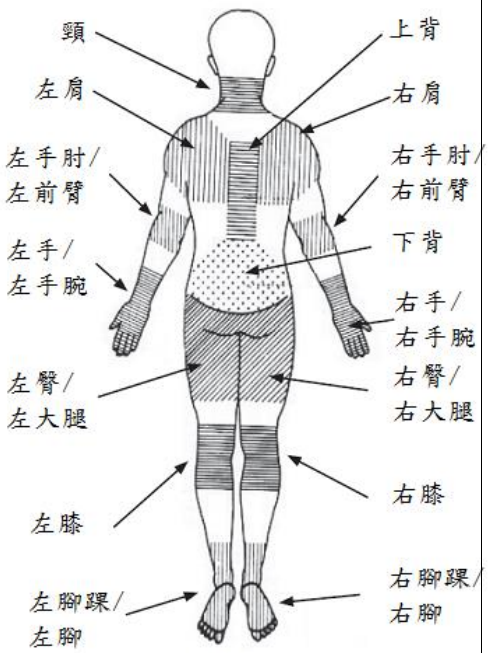
Extreme pain 1 2 3 4 5		Extreme pain 1 2 3 4 5
☐ ☐ ☐ ☐ ☐ Neck	 背面觀	☐ ☐ ☐ ☐ ☐ Upper back
☐ ☐ ☐ ☐ ☐ Left shoulder		☐ ☐ ☐ ☐ ☐ Right shoulder
☐ ☐ ☐ ☐ ☐ Left forearm/ elbow		☐ ☐ ☐ ☐ ☐ Right forearm/ elbow
☐ ☐ ☐ ☐ ☐ Left hand/ wrist		☐ ☐ ☐ ☐ ☐ Lower back
☐ ☐ ☐ ☐ ☐ Left hip/thigh		☐ ☐ ☐ ☐ ☐ Right hand/ wrist
☐ ☐ ☐ ☐ ☐ Left knee		☐ ☐ ☐ ☐ ☐ Right hip/thigh
☐ ☐ ☐ ☐ ☐ Left foot/ ankle		☐ ☐ ☐ ☐ ☐ Right knee
		☐ ☐ ☐ ☐ ☐ Right foot/ ankle

◎ Description of other relevant symptoms and medical history