

ErgoAnalysis™ Participant questionnaire and informed consent 3.1

(*=obligatory fields)

*Project: _____ Date: _____ Location: _____

*Subject code: _____

Right

Middle

Left

Shirt No/size: _____ MCell 3 number _____, _____, _____

Short No/size: _____ MCell 3 number _____

Hand grip strength (Jamar, kg)

Right: _____ Left: _____

Subject background information

*Occupation: _____ Job task description: _____

*Gender: Male/Female/NA *Date of birth: ____/____/____ *Handedness: Right/Left

*Hight: _____ *Weight: _____ Smoking status: Yes/No

*Job experience length on this field? _____ yrs. *In current job: _____ yrs.

*Physical activity class: ____ (see table below)

Activity description	Activity class
You are not engaged in regular recreational physical activities or heavy physical work.	You avoid all physical activities whenever possible. 0
	During leisure time, you walk for fun, use stairs regularly, and exercise occasionally strenuously. 1
You are engaged in regular physical activity or work at least of moderate intensity, like gardening, pole walking or moderate intensity bicycling.	10-60 min/week 2
	Over 1 h/week 3
You are engaged in regular heavy physical activity, like jogging, aerobic exercise or strenuous intensity bicycling.	Less than 30 min/week 4
	30 - 60 min/week 5
	1- 3 h/week 6
	Over 3 h/week 7
Endurance athlete (local level)	5 - 7 h/week 7,5
	7 - 9 h/week 8
Endurance athlete (national level)	9 - 11 h/week 8,5
	11 - 13 h/week 9
Endurance athlete (international level)	13 - 15 h/week 9,5
	Over 15 h/week 10

Do you have any cardiovascular diseases: Yes / No

If yes, explain? _____

Does the disease prevent you from taking the maximum muscle tests: Yes / No

Do you have any musculoskeletal pain and/or disease: Yes / No

If yes, does it have effect on muscle test result(s): Yes /Possibly/ No

If yes, fill in the pain drawing below.

Resting heart rate: _____ (if known) Maximum heart rate: _____ (if known)

I have received enough information of the ErgoAnalysis™ measurements (ErgoAnalysis™ Onepager).

* I accept using and showing my test results anonymously at my workplace. Yes / No

* I accept that my test results can be sent to my occupational health care personnel(s) with my name. Yes / No

*Place, date: _____

*Signature: _____

Email (for personal test results): _____

Fill into the drawing with marking xxxxx all areas that you have felt painful during the past 7 days:

