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Ergonomics International Journal
ISSN: 2577-2953

Appendix

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Questionnaire for assessment occupational conditions/ ergonomically and physiological Parameters of workers working in Automobiles workshops/ care centers.

PART - A (Demographic Data)

1. Name of the Person:……………………………………………………………………………
2. Address: ………
3. Age…………weight…………..Height…………….Level of Education…………………..
4. Marital status: Married/ Unmarried:……………………………………………………
5. Nature of Job and Associated Industry/Section:……………………………………………………………………..

a) Specify your designation: Supervisor/Skilled Worker / Semi-Skilled Worker / Un-Skilled Worker

6. Work Schedule: i) Day time ❑ ii) Working in Shift
7. Working Time /Day i) 8 Hours ❑ ii) > 8 Hours ❑

a) Work experience in this field…………………………………

8. Overtime/week: i) 5-10 Hour ❑ ii) 11-15 hours ❑ iii) 16-20 hours❑

PART- B (Personal Information about physical activity, health, habits, and diseases)

9. While working do you:

Physical Activity	Never	Seldom	Sometime	Often	always
Sit					
Stand					
Walk					
Bend					
Lay					
Lift Heavy Load					
Force exertion					
Repetitive movement					

10. Is there are mechanical/hydraulics lifts available in your work stations? Yes❑ No❑
11. if not then which of the following method you are using to lift the vehicle

a) byhydrulic jack…..

b) To stand the vehicle on Dug………

12. Do you have proper tools and equipment's? Yes❑ No❑

13. Do you have problem of neck/shoulder pain due to posture? Yes❑ No❑

a) If yes then for how long?................

14. Do you have problem of low back pain due to work posture? Yes❑ No❑

a) If yes then for how long?..............

15. Do you have problems of Arms - Legs pain? Yes ❑ No ❑

16. Do you have problems of Knee - Elbow pain? Yes ❑ No ❑

17. Do you feel headache or disturbed while working in noisy environment?

a) Always …….. b) Sometime……. c) never……

18. Do you suffer from hearing loss Yes ❑ No ❑

19. Are you suffering from following Diseases

a) High/Low BP b) Sugar c) Others

20. Do you work in awkward postures? Yes ❑ No ❑

21. Do you know the benefits of using the protective equipment's? Yes ❑ No ❑

22. Does management explain the benefits and use of the protective equipments? Yes ❑ No ❑

23. Does management enforce you to wear the protective equipments? Yes ❑ No ❑

24. Do you use protective equipments at work place? Yes ❑ No ❑

a) If you do not use the protective equipments, then specify the reason? i) Feel uncomfortable, ii) You do not have habit, iii) Due to negligence, iv) Reduces performance, v) Due to inferior quality, vi) Not Provided.

25. Have you met with an accident while working? Yes ❑ No

a.If yes then how many times?............. What was the level of injury? Major / Minor

26. How is your eye sight? (Very good, Good, Little Weak, Very weak)

27. Do your company conduct regular medical checkup of workers? Yes ❑ No ❑

If yes the specify (Once in a Month, Once in three months, Once in six months, Once in a year, Once in two years, Once in five years)

28. Does your company provide medicine or medical facility like ESI etc.? Yes ❑ No ❑

b. If yes, then how much you are satisfied with the service being provided?(Fully, Partially, Least, Not at all)

Signature of worker……………………………………..

Mobile no……………………………………………………

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