

輔仁大學 肌肉骨骼症狀調查表

Musculoskeletal symptom questionnaire

A. 基本資料 Basic Information

填表日期： 年 月 日

員工編號 Employee number	工作地(實驗室、辦公室) Working place (Laboratory, office, etc.)	單位 Department	組別 Unit	工作內容(實驗、教學、行政) Work content (Experiments, teaching, administration)		職稱 Job title
姓名 Name	性別 Gender	年齡 Age	年資 Job tenure	身高 Height(CM)	體重 Weight(KG)	慣用手 Handedness

B. 填表說明

Instructions

下列任何部位請以痠痛不適與影響關節活動評斷。

Any of the following areas should be judged by soreness, discomfort and affected joint mobility.

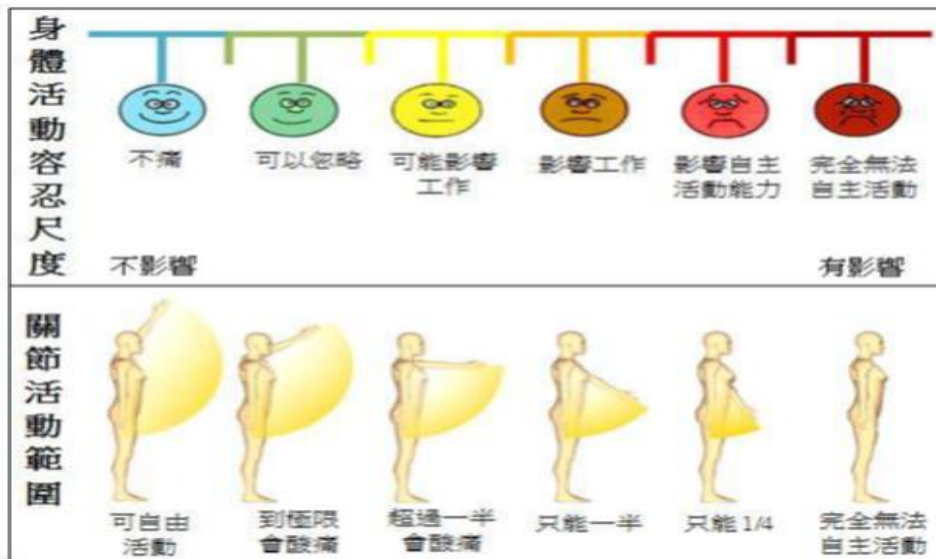
1. 請說明痠痛不適與影響關節活動能力 (以肩關節微粒以及身體活動容忍尺度, 以 0-5 尺度表示)

Please indicate the level of soreness, discomfort and effect on joint mobility (Expressed on a scale of 0-5 in terms of shoulder particles and physical activity tolerance)

尺度 Severity level	說明痠痛不適與影響關節活動能力 Indication of soreness, discomfort and effect on joint mobility
0	不痛, 關節可以自由活動 No pain and the joints can move freely
1	微痛, 關節活動到極限會痠痛, 可以忽略 Mild pain, joint movement to the limit will be sore, can be ignored
2	中等疼痛, 關節活動超過一半會痠痛, 但是可以完成全部活動範圍, 可能影響工作 Moderate pain, soreness with more than half joint movement, but full range of motion can be completed, which may affect work
3	劇痛, 關節活動只有正常人的一半, 會影響工作 Severe pain, joint movement is only half of normal, can affect work

4	非常劇痛，關節活動只有正常人的 1/4，影響自主活動能力 Very severe pain, joint movement is only 1/4 of normal people, affecting the ability to move voluntarily
5	極度劇痛，身體完全無法自主活動 Extreme pain, the body is completely unable to move on its own

2. 疲痛不適程度與關節活動能力 Soreness, discomfort and joint mobility : (以肩關節為例 Example: Shoulder joint)



### C. 問卷填寫 Fill out the questionnaire

1. 您在過去的 1 年內，身體是否有長達 2 星期以上的疲勞、酸痛、發麻、刺痛等不舒服，或關節活動受到限制？In the past 1 year, have you had fatigue, soreness, numbness, tingling, etc. for more than 2 weeks, or limited joint movement?

否 no  是 Yes (若否，結束此調查表；若是，請繼續填寫下列表格。If not, please finish the questionnaire here; If so, please continue to fill out the form below.)

2. 下表的身體部位酸痛、不適或影響關節活動之情形持續多久時間？For how long has the body part in the table below been causing soreness, discomfort or affecting joint movement?

1 個月(1 month)  3 個月(3 months)  6 個月(6 months)  1 年(1 year)  3 年(3 years)  
 3 年以上(More than 3 years)

**D. 症狀調查**

**Symptom survey**

不痛-----劇痛

不痛-----劇痛

No pain-Intense pain

No pain-Intense pain

0 1 2 3 4 5

0 1 2 3 4 5

L1

L2

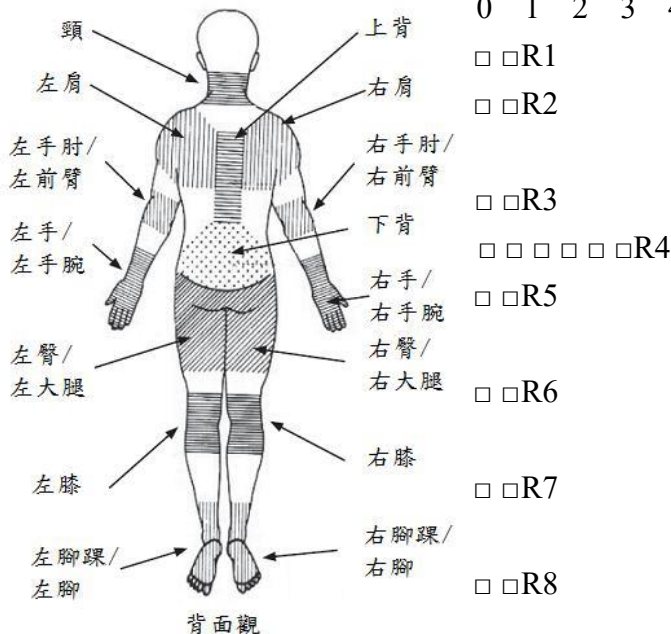
L3

L4

L5

L6

L7



L1 頸部	Neck	R1 上背	Upper back
L2 左肩	Left shoulder	R2 右肩	Right shoulder
L3 左手肘/左前臂	Left elbow/left forearm	R3 右手肘/右前臂	Right elbow/ right forearm
L4 左手/左手腕	Left hand/left wrist	R4 下背	Lower back
L5 左臀/左大腿	Left buttock/left thigh	R5 右手/右手腕	Right hand / right wrist
L6 左膝	Left knee	R6 右臀/右大腿	Right buttock / right thigh
L7 左腳踝/左腳	Left ankle/left foot	R7 右膝	Right knee
		R8 右腳踝/右腳	Right ankle / right foot

**E. 其他症狀、病史說明 Other symptoms、medical history**