

Perceived Exertion Survey

Date: _____

Please rate the physical demands required to perform each job/task.

Job Name:	Task 1	Task 2	Task 3	Task 4
Department:	Write name of task in box below			
Location:				
Have you worked at this job and performed this task?	Yes / No	Yes / No	Yes / No	Yes / No
What is your overall rating of exertion or effort at this Job? (Scale A)				
For each task, how hard or tiring is the work on your shoulders? (Scale A)				
For each task, how hard or tiring is the work on your neck? (Scale A)				
For each task, how hard or tiring is the work on your back? (Scale A)				
For each task, how hard or tiring is the work on your legs and feet? (Scale A)				
For each task, how hard or tiring is the work on your fingers, wrist and forearm? (Scale A)				
For each task, how hard must you grip parts or tools with your hand and fingers? (Scale A)				
For each task, how would you rate the movements of your wrist, hand and fingers? (Scale B)				
Total				
Scale A: Use to indicate how hard or tiring your job is: 0 - Nothing at all 0.5 - Extremely weak effort 1 - Very weak effort 2 - Weak effort 3 - Moderate effort 5 - Strong effort 7 - Very strong effort 10 - Extremely strong effort	Scale B: Use for rating wrist, hand and finger activity 0 - Hands idle most of the time, no regular exertions 2 - Consistent, obvious, long pauses; OR very slow motions 4 - Slow steady motions/exertions; frequent brief pauses 6 - Steady motions/exertions; no regular pauses 8 - Rapid steady motions/exertions; no regular pauses 10 - Rapid continuous motions/exertions; difficulty keeping up			

Modified version of tool that appear in Research at Work: Ergonomics Program Implementation Blueprint
 Richard Wells, Robert Norman Mardon Frazerand, Andrew Laing
 University of Waterloo. Used with Permission

Modified from Part 3B: MSD Prevention Toolbox - Beyond the Basics
 Developed by Occupational Health and Safety Council of Ontario (OHSCO)



Centre of Research
 Expertise for the
 Prevention of
 Musculoskeletal Disorders

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