# Perceived Exertion Survey

Date: ____________________________

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

<table>
<thead>
<tr>
<th>Job Name:</th>
<th>Task 1</th>
<th>Task 2</th>
<th>Task 3</th>
<th>Task 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td>Write name of task in box below</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Location:</td>
<td></td>
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</tr>
</tbody>
</table>

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 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
- 4 - Strong effort
- 5 - 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

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Modified from Part 3B: MSD Prevention Toolbox - Beyond the Basics

Developed by Occupational Health and Safety Council of Ontario (OHSCO)

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