

JOB DEMANDS QUESTIONNAIRE

Please complete this document to provide us with information about the physical demands of your position

Worker's Name: _____

Claim #: _____

To understand the amount of time a task is performed, rank them as:

- Rare – something you would do for less than 5% of the shift
- Occasional – something you would do for up to 1/3 of the shift (5% - 33% of shift)
- Frequent – something you would do 2/3 of the shift (34% - 66% of shift)
- Constant – something you would do (67% - 100% of shift)

Example: a person who works 8 hrs (480 min) when two 15 min breaks are included works 450 min.

Therefore... Rare = up to 22.5 min Occasional = 23 to 150 min
 Frequent = 151 to 300 min Constant = 301 to 450 min

Usual pre-injury work schedule: _____ days per week _____ hours per day

ACTIVITY		List the heaviest weight handled – and -- Describe Activity	Frequency of Work Shift				
			Never	Rare	Occasional	Frequent	Constant
Lifting below waist level	L						
	R						
	B						
Lifting waist to shoulder	L						
	R						
	B						
Lifting above shoulder level	L						
	R						
	B						
Carrying	L						
	R						
	B						
Pushing	L						
	R						
	B						
Pulling	L						
	R						
	B						

Worker Name: _____ Claim # _____

ACTIVITY	Description	Frequency of Work Shift				
		Never	Rare	Occasional	Frequent	Constant
Sitting						
Standing						
Walking						
Running						
Twisting						
Jumping						
Balancing						
Bending						
Crouching						
Kneeling						
Squatting						
Reaching – Dominant						
Reaching – Non Dominant						
Handling/Gripping – Dominant						
Handling / Gripping – Non Dominant						

ACTIVITY	Description	Never	Rare	Occasional	Frequent	Constant
Talking on telephone						
Hearing						
Communicating – staff						
Communicating - public						

Short description of the position:

Are modified duties available:

Claimant's Signature _____ Date: _____

Employer's Signature _____ Date: _____