



THE UNIVERSITY OF BRITISH COLUMBIA
School of Occupational & Environmental Hygiene
3rd Floor - 2206 East Mall
Vancouver, BC
Canada V6T 1Z3

August 2, 2007

Dear Research User,

The document following this letter is a copy of the Interview Instrument used to collect self-reported working exposures for the UBC Back Study. This study looked at ergonomic risk factors to the low back in the construction, forestry, transportation, warehousing and wood products industries. The exposure data collection phase of this study was conducted in the lower mainland and sunshine coast regions of British Columbia, Canada from September 2004 to January 2006. A full description of the UBC Back Study, including related publications, can be found at: <http://www.cher.ubc.ca/backstudy.htm> .

The interview itself was conducted at the end of a working shift regarding the posture, manual materials handling, and whole body vibration exposures encountered during that particular shift. Included in this document is the workers' copy of the interview form, with written and pictograph descriptions of exposures.

Thank you for your interest in our research.

Sincerely,

The UBC Back Study Team and Interview Instrument Co-Authors

Kay Teschke, PhD – Co-Principal Investigator
Mieke Koehoorn, PhD – Co-Principal Investigator
Judy Village, MSc – Co-Investigator
Catherine Trask, PhD Candidate – UBC Back Study Coordinator
Kevin Hong, – UBC Back Study Coordinator
Nancy Luong, Research Assistant

PART B MOBILITY

13. Today while working, did you do any of the FOLLOWING?

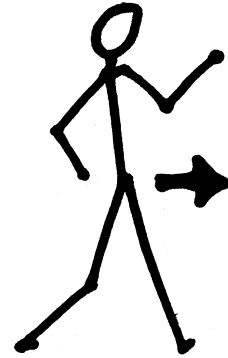
If yes, how LONG?

- A. None
- B. < 5 min
- C. > 5 to < 15 min
- D. > 15 to < 30 min
- E. > 30 to < 45 min
- F. > 45 to < 1 hr

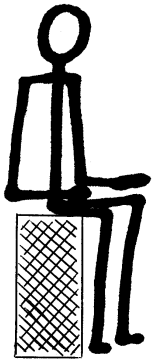
- G. > 1 to < 2 hrs
- H. > 2 to < 4 hrs
- I. > 4 to < 6 hrs
- J. > 6 to < 8 hrs
- K. > 8 hrs



Stand



Walk



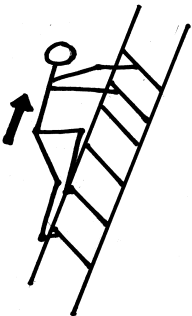
Sit



Crouch/Kneel



Lay down



Climb

(Example: stairs, ladders, scaffolds)

Other Activities - Not on this list

STANDING

14. Today of the time you were standing while working, did you stand with your back in the following POSTURES? If yes, how LONG?

- A. None
- B. < 5 min
- C. > 5 to < 15 min
- D. > 15 to < 30 min
- E. > 30 to < 45 min
- F. > 45 to < 1 hr

- G. > 1 to < 2 hrs
- H. > 2 to < 4 hrs
- I. > 4 to < 6 hrs
- J. > 6 to < 8 hrs
- K. > 8 hrs



(0-10°)
Upright



(10-20°)
Barely bent



(20-45°)
Slightly bent



(45-60°)
Moderately bent



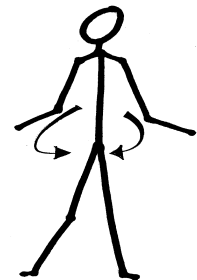
(More than 60°)
Severely bent



Bending backwards



Bending sideways



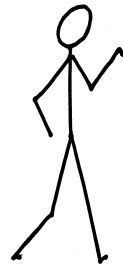
Twisting

WALKING

15. Today of the time you were walking while working, did you walk with your back in the following POSTURES? If yes, how LONG?

- A. None
- B. < 5 min
- C. 5 to < 15 min
- D. 15 to < 30 min
- E. 30 to < 45 min
- F. 45 to < 1 hr

- G. 1 to < 2 hrs
- H. 2 to < 4 hrs
- I. 4 to < 6 hrs
- J. 6 to < 8 hrs
- K. 8 hrs



(0-10°)
Upright



(10-20°)
Barely bent



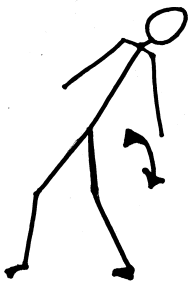
(20-45°)
Slightly bent



(45-60°)
Moderately bent



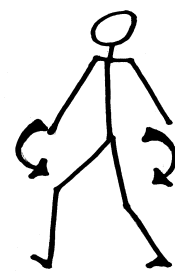
(More than 60°)
Severely bent



Bending backwards



Bending sideways



Twisting

SITTING

16. Today of the time you were sitting while working, did you sit with your back in the following POSTURES? If yes, how LONG?

- A. None
- B. < 5 min
- C. > 5 to < 15 min
- D. > 15 to < 30 min
- E. > 30 to < 45 min
- F. > 45 to < 1 hr

- G. > 1 to < 2 hrs
- H. > 2 to < 4 hrs
- I. > 4 to < 6 hrs
- J. > 6 to < 8 hrs
- K. > 8 hrs



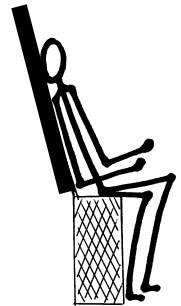
Upright



Leaning forward



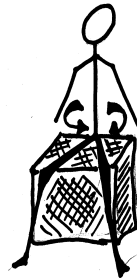
**Leaning back
(with no back support)**



**Leaning back
(with back support)**



Bending sideways



Twisting

PART C MANUAL MATERIALS HANDLING

LIFTING/LOWERING/CARRYING

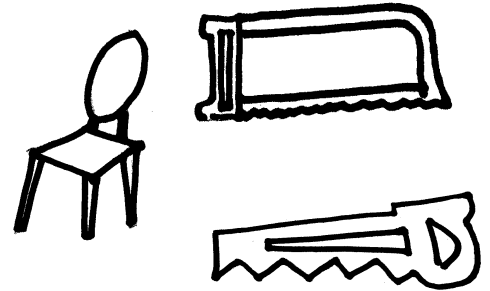
17. Today while working, did you **LIFT/LOWER/CARRY** any items with your hands that were If yes, how **LONG**?

- A. None
- B. < 5 min
- C. > 5 to < 15 min
- D. > 15 to < 30 min
- E. > 30 to < 45 min
- F. > 45 to < 1 hr

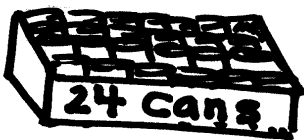
- G. > 1 to < 2 hrs
- H. > 2 to < 4 hrs
- I. > 4 to < 6 hrs
- J. > 6 to < 8 hrs
- K. > 8 hrs



Less than 1 LBS



1-10 LBS



10-22 LBS



22-44 LBS



More than 44 LBS

18. Today, of the **LIFTS & LOWERS** you did while working, did you ...

- A. Spend more time lifting
- B. Spend more time lowering
- C. Spend equal time lifting & lowering



19. Today of the time you were lifting/lowering/carrying while working,

how long were the loads in your hands NEAR, MID or FAR from you?

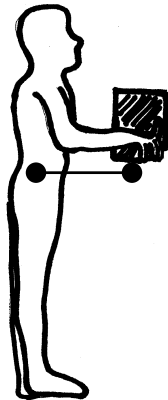
Please consider only loads that are heavier than 10 lbs.

- A. None
- B. < 5 min
- C. > 5 to < 15 min
- D. > 15 to < 30 min
- E. > 30 to < 45 min
- F. > 45 to < 1 hr

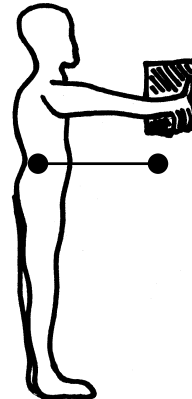
- G. > 1 to < 2 hrs
- H. > 2 to < 4 hrs
- I. > 4 to < 6 hrs
- J. > 6 to < 8 hrs
- K. > 8 hrs



Near (0-10")



Mid (10-20")



Far (More than 20")

PUSHING

**20. Today while working, did you PUSH any items with your hands?
If yes, how LONG?**

- A. None
- B. < 5 min
- C. > 5 to < 15 min
- D. > 15 to < 30 min
- E. > 30 to < 45 min
- F. > 45 to < 1 hr

- G. > 1 to < 2 hrs
- H. > 2 to < 4 hrs
- I. > 4 to < 6 hrs
- J. > 6 to < 8 hrs
- K. > 8 hrs



Examples: Push Cart, Trolley, Wheelbarrow

21. Today of the time you were pushing while working, how long did you push items with your hands LIGHTLY, MODERATELY, or HEAVILY?

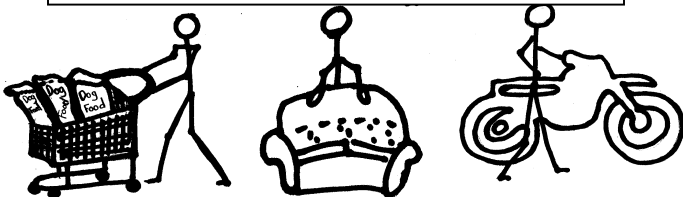
- A. None
- B. < 5 min
- C. > 5 to < 15 min
- D. > 15 to < 30 min
- E. > 30 to < 45 min
- F. > 45 to < 1 hr

- G. > 1 to < 2 hrs
- H. > 2 to < 4 hrs
- I. > 4 to < 6 hrs
- J. > 6 to < 8 hrs
- K. > 8 hrs



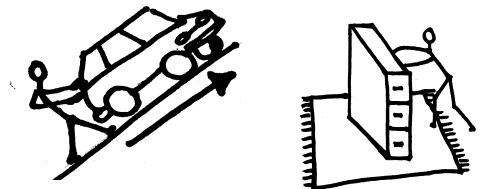
Light Exertion:

Small cart with files
Bicycle
Wheeled Desk Chair
Door



Moderate Exertion

Shopping cart filled with 5
40-lbs of dog food
Motorcycle
Couch



Heavy Exertion

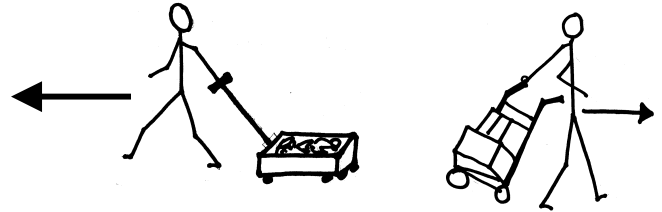
2 or 3 drawer, full file
cabinet across carpet
Piano
Car (uphill)

PULLING

22. Today while working, did you PULL any items with your hands? If yes, how LONG?

- A. None
- B. < 5 min
- C. > 5 to < 15 min
- D. > 15 to < 30 min
- E. > 30 to < 45 min
- F. > 45 to < 1 hr

- G. > 1 to < 2 hrs
- H. > 2 to < 4 hrs
- I. > 4 to < 6 hrs
- J. > 6 to < 8 hrs
- K. > 8 hrs

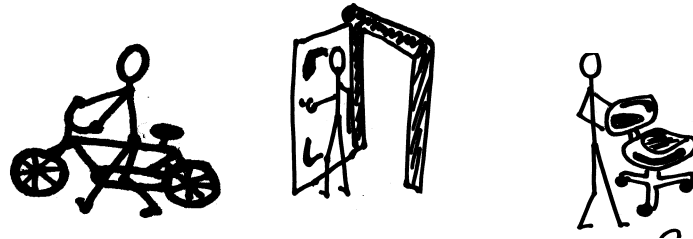


Examples: Pull Cart, Trolley, Wheelbarrow

23. Today of the time you were pulling while working, how long did you pull items with your hands LIGHTLY, MODERATELY, or HEAVILY?

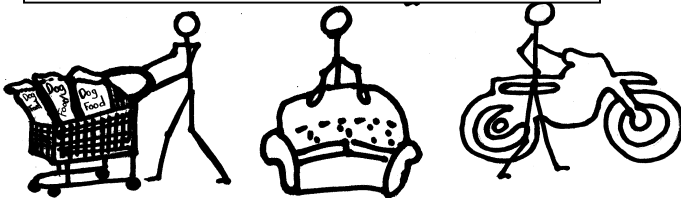
- A. None
- B. < 5 min
- C. > 5 to < 15 min
- D. > 15 to < 30 min
- E. > 30 to < 45 min
- F. > 45 to < 1 hr

- G. > 1 to < 2 hrs
- H. > 2 to < 4 hrs
- I. > 4 to < 6 hrs
- J. > 6 to < 8 hrs
- K. > 8 hrs



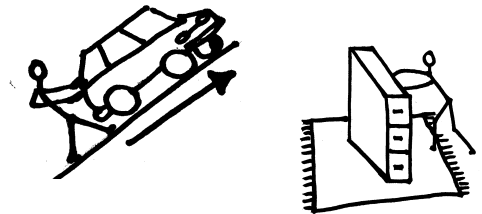
Light Exertion:

- Small cart with files
- Bicycle
- Wheeled Desk Chair
- Door



Moderate Exertion

- Shopping cart filled with 5 40-lbs of dog food
- Motorcycle
- Couch



Heavy Exertion

- 2 or 3 drawer, full file cabinet across a carpet
- Piano
- Car (uphill)

PART D VIBRATION

WHOLE BODY VIBRATION

24. Today while working, did you OPERATE or RIDE any whole-body vibrating vehicle(s)/equipment? (Refer to Whole-Body Vibrating Equipment List)

a. Please NAME each vehicle/equipment.

b. Today, how LONG did you operate or ride each vehicle/equipment?

- | | |
|---------------------|-------------------|
| A. None | G. > 1 to < 2 hrs |
| B. < 5 min | H. > 2 to < 4 hrs |
| C. > 5 to < 15 min | I. > 4 to < 6 hrs |
| D. > 15 to < 30 min | J. > 6 to < 8 hrs |
| E. > 30 to < 45 min | K. > 8 hrs |
| F. > 45 to < 1 hr | |

c. For each vehicle/equipment, is the ARM REST adjusted for you?

- YES
NO
NOT APPLICABLE because no arm rest

d. For each vehicle/ equipment, is the SEAT adjusted for you?

- YES
NO
NOT APPLICABLE because no seat

e. For each vehicle/equipment, is the BACK REST adjusted for you?

- YES
NO
NOT APPLICABLE because no back rest

f. For each vehicle/equipment, does the BACK REST give you good back support?

- YES
NO
NOT APPLICABLE

g. How long did you operate or ride each vehicle/equipment over

- | | |
|---------------------|-------------------|
| A. None | G. > 1 to < 2 hrs |
| B. < 5 min | H. > 2 to < 4 hrs |
| C. > 5 to < 15 min | I. > 4 to < 6 hrs |
| D. > 15 to < 30 min | J. > 6 to < 8 hrs |
| E. > 30 to < 45 min | K. > 8 hrs |
| F. > 45 to < 1 hr | |



SMOOTH pavement/cement



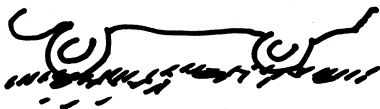
BROKEN pavement/cement



GRAVEL



PACKED EARTH
-HARD PACKED DIRT ROAD



SOFT EARTH
-GRASS, SOIL



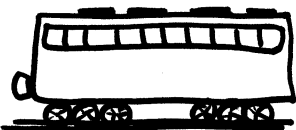
OFF-ROAD
-LOGS, ROCKS



WATER
-SHIPS, BOATS



AIR
-PLANE, HELICOPTER



RAIL



h. Of the time you were operating or riding each vehicle/equipment, how long did you drive it

SMOOTHLY

JERKY (ACCELERATION/BRAKING)

- A. None
- B. < 5 min
- C. > 5 to < 15 min
- D. > 15 to < 30 min
- E. > 30 to < 45 min
- F. > 45 to < 1 hr

- G. > 1 to < 2 hrs
- H. > 2 to < 4 hrs
- I. > 4 to < 6 hrs
- J. > 6 to < 8 hrs
- K. > 8 hrs

i. Of the time you were operating or riding each vehicle/equipment, how long was the vehicle

STATIONARY / IDLING

40-70KM/HR

LESS THAN 20KM/HR

MORE THAN 70KM/HR

20-40KM/HR

- A. None
- B. < 5 min
- C. > 5 to < 15 min
- D. > 15 to < 30 min
- E. > 30 to < 45 min
- F. > 45 to < 1 hr

- G. > 1 to < 2 hrs
- H. > 2 to < 4 hrs
- I. > 4 to < 6 hrs
- J. > 6 to < 8 hrs
- K. > 8 hrs

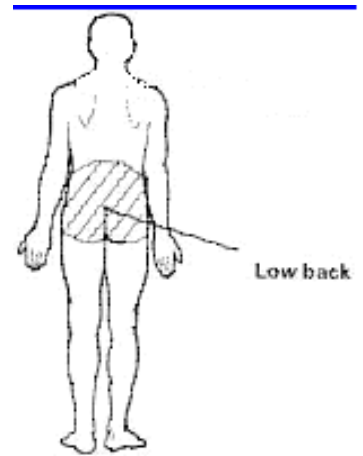
PART E HEALTH HISTORY

25. Today, did you experience any LOW BACK PAIN?

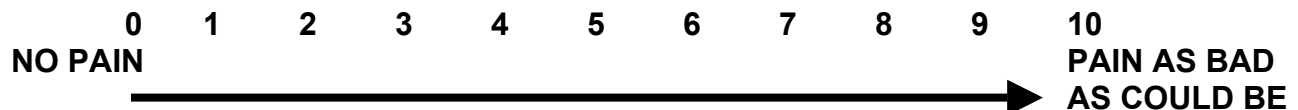
Low back pain means aches or discomfort in the low back (shaded area) whether or not it extends from there to one or both legs (sciatica).

YES

NO (Go to question 28)



26. TODAY, how would you rate your low back pain on a 0-10 scale, where 0 is "NO PAIN" and 10 is "PAIN AS BAD AS COULD BE"?



27. Today, did you change your usual work activities because of low back pain? YES NO



If yes, please explain how?

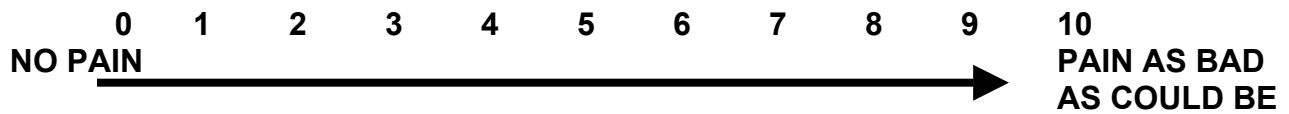
28. In the last 6 months, did you experience any LOW BACK PAIN?

Low back pain means aches or discomfort in the low back (shaded area) whether or not it extends from there to one or both legs (sciatica).

YES

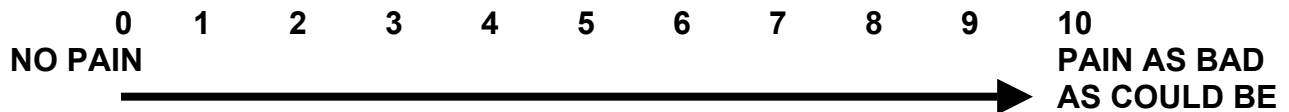
NO (Go to question 35)

29. In the past 6 months, how intense was your WORST low back pain rated on a 0-10 scale, where 0 is “NO PAIN” and 10 is “PAIN AS BAD AS COULD BE”?



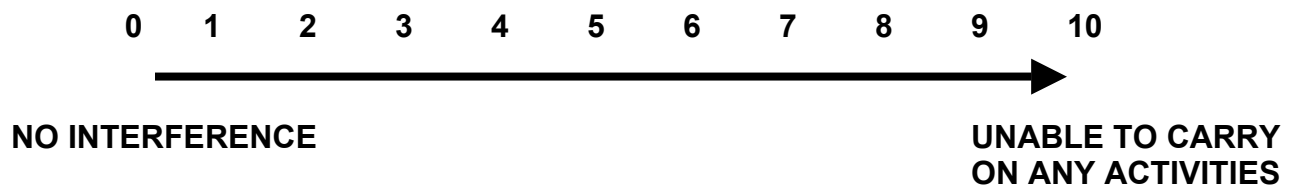
30. In the past 6 months, ON AVERAGE, how intense was your low back pain rated on a 0-10 scale, where 0 is “NO PAIN” and 10 is “PAIN AS BAD AS COULD BE”?

(That is, your usual pain at times you were experiencing pain).

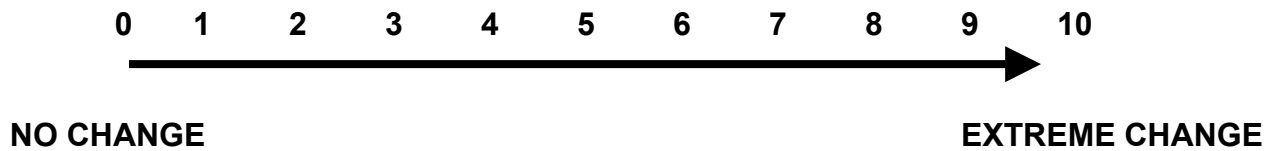


31. About how many days in the last 6 months have you been kept from your usual activities (work, school or housework) because of low back pain? _____ Disability days

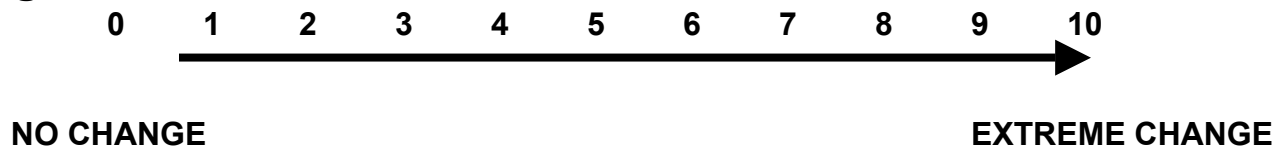
32. In the past 6 months, how much has low back pain interfered with your daily activities rated on a 0-10 scale where 0 is ‘no interference’ and 10 is ‘unable to carry on any activities’?



33. In the past 6 months, how much has low back pain changed your ability to take part in recreational, social and family activities where 0 is 'no change' and 10 is 'extreme change'?



34. In the past 6 months, how much has low back pain changed your ability to work where 0 is 'no interference' and 10 is 'extreme change'?



35. During the last 6 months, on average, how many days a week have you engaged in 30 minutes or more of exercise?

Examples: Walking for exercise
Golfing
Bicycling
Rollerblading
Hockey

0 1 2 3 4 5 6 7 days/week

CONCLUSION

Thank you so much for answering our questions. You have been very helpful.

1. May we contact you in the future if we wish to clarify any answers you gave in this interview? YES NO

2. Is there anything else that you think we should know about that has not been asked?

3. If you have questions about the interview or the study in the future, please feel free to contact us. The names and phone numbers of the investigators are included in the consent form I have left with you. Feel free to call collect if you are outside the lower mainland.

COMMENTS:
