



Essential Job Questionnaire

Worker Name: _____ Date: _____

Employer: _____ Job Title: _____

The purpose of this questionnaire is to help identify the specific physical demands of your job. Please be as specific as possible and Mark X or write for appropriate answer.

In ONE HOUR of a full duty shift, how long do you typically do the following activities:

	Not at All (0%)	Occasional 1-20 mins	Frequent 21-40 mins	Constant 41-60 mins
Sit				
Stand				
Walk				
Bend at Waist				
Squat				
Sustained Squat/crouch				
Repetitive Kneel				
Sustained Kneel				
Crawl				
Stairs, If yes how many steps?				
Ladder, If yes how many rungs?				
Reaching				
Simple Grasp				
Firm Grasp				
Pinching				

Mark box for how frequent you perform below activities:

	Not at All (0%)	Occasional 1-33% or 1-5 per hour	Frequent 34-66% or 5-10x per hour	Constant 67-99% or >10+ hour	If applicable, what is heaviest amount you lift by yourself?	What and how far are you lifting, carrying, push/pull?
Lift Knuckle to Waist						
Lift Floor to Waist						
Lift Waist to Shoulder						
Lift Overhead						
Two hand Carry						
One hand Carry						
Push						
Pull						

Personal Protective Equipment (PPE)/Tools: Please list any PPE or tools you must wear or use at your job:

I acknowledge I have answered the questions based on my knowledge and recollection and the answers may be used to establish my Physical Therapy or Occupational Therapy goals and plan.

Worker Signature: _____ Date: _____ Clinician Initials _____