Appendix – I

Dear Sir / Madam,

With the cooperation of your employer and trade unions we are conducting a survey to find out the extent to which muscle and joint aches and pains are experienced by employees in this occupation.

We are interested in mild and severe problems affecting muscles. Ligaments, nerves, tendons, joints and bones suffered both at work and away from work. This could mean sprains, strains, inflammations, irritations and dislocation. For the purpose of this survey we are not interested in any injuries to the skin.

We would like you to complete this questionnaire about your health. All answers will be treated as strictly confidential and individual answers will not be made known to anyone other than the survey team.

The more questionnaires that are completed, the greater will be the accuracy and usefulness of the findings, the better to help us improve health and safety at work.

Thank you for your help.
Umi Dhar

HOW TO ANSWER THE QUESTIONNAIRE

Please complete this questionnaire by answering ALL questions as fully as possible. Some of the questions require a written answer, for others you need only tick a box.

Please do not write in the margin.

1. Today’s date:
2. Sex
3. Date of birth:
4. Age:
5. Weight:
6. Height:
7. Are you right or left handed:
Please answer by using the tick boxes
One tick for each question
Please note that this part of the questionnaire should be answered, even if you have never had trouble in any parts of your body.

<table>
<thead>
<tr>
<th>Have you at any time during the last 12 months had trouble (such as ache, pain, discomfort, numbness) in</th>
<th>Have you had trouble during the last 7 days:</th>
<th>During the last 12 month have you been prevented from carrying out normal activities (e.g. job, housework, hobbies) because of this trouble</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>Yes.</td>
<td>No.</td>
</tr>
<tr>
<td>No.</td>
<td>Yes.</td>
<td>In the right shoulders</td>
</tr>
<tr>
<td>In the left shoulders</td>
<td>In both shoulders</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Yes.</td>
<td>In the right elbows</td>
</tr>
<tr>
<td>In the left elbows</td>
<td>In both elbows</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Yes.</td>
<td>In the right wrist/hands</td>
</tr>
<tr>
<td>In the left wrist/hands</td>
<td>In both wrist/hands</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Yes.</td>
<td>No.</td>
</tr>
<tr>
<td>16. Low back (small of the back)</td>
<td>17. Low back</td>
<td>18. Low back</td>
</tr>
<tr>
<td>No.</td>
<td>Yes.</td>
<td>No.</td>
</tr>
<tr>
<td>No.</td>
<td>Yes.</td>
<td>No.</td>
</tr>
<tr>
<td>22. One or both Knees</td>
<td>23. Knees</td>
<td>24. Knees</td>
</tr>
<tr>
<td>No.</td>
<td>Yes.</td>
<td>No.</td>
</tr>
<tr>
<td>25. One or both ankles/feet</td>
<td>26. Ankles/feet</td>
<td>27. Ankles/feet</td>
</tr>
<tr>
<td>No.</td>
<td>Yes.</td>
<td>No.</td>
</tr>
</tbody>
</table>
Neck Trouble

How to answer the questionnaire:

By neck trouble we mean pain, ache or discomfort in the shaded area only.

Please answer by using the tick boxes (✓) - one tick for each answer.

1. Have you ever had any neck trouble (ache, pain, numbness or discomfort)?
   - Yes ✓ No.
   - If you have answer NO to this question, do not answer questions 2 – 12 but please go to section on shoulder trouble page no. 6.

2. Have you ever hurt your neck in an accident?
   - Yes ✓ No.
   - If the answer is NO, please go on to question 3.
   - If YES:
     2a. Was the accident at work?
        - Yes. ✓ No.
     2b. What was the approximate date of the accident?

3. Have you ever had to change duties or jobs because of neck trouble?
   - Yes. ✓ No.

4. What do you think brought on this problem with your neck?
   - Accident ✓ Supporting activity ✓ Activity at Home ✓
   - Activity at Work ✓ Other ✓ (Please specify)...........................

5. 
   5a. What year did you first have neck troubles? .................
   5b. What year was your worst neck trouble? ....................

6. How bad was the pain during the worst episode?
   - Mild ✓ Sever ✓ very, very severe ✓

7. Have you ever been absent from work because of neck trouble?
   - Yes. ✓ No.
   - If the answer is NO, Please go on to Question 8.
   - If YES:
     7a. .........................
     How many days have you been absent from work with neck trouble in total?
     7b. ......................days
     How many days have you been absent from work with neck trouble in the last 12 months?
     7c. ......................days

8. How often you get or have you had neck trouble?
   - Daily: ✓
   - One or more times a week ✓
   - One or more times a month ✓
   - One or more times a year ✓
   - One or more times every few years ✓
   - One episode of trouble only ✓
9. What is the total length of time that you have had neck trouble during the last 12 months?

- 0 days
- 1 – 7 days
- 8 – 30 days
- More than 30 days, but not every day
- Everyday

10. Has neck trouble caused you to reduce your activity during the last 12 months?

10a. Work activity (at home or away from home)
- Yes
- No

10b. Leisure activity
- Yes
- No

11. What is the total length of time that neck trouble has prevented you from doing your normal work (at home or away from home) during the last 12 months?

- 0 days
- 1 – 7 days
- 8 – 30 days
- More than 30 days

12. Have you been by doctor, physiotherapist, chiropractor or other such person because of neck trouble during the last 12 months?

- Yes
- No

If the answer in NO, please go on the next section
If YES:

12a. Where? (more than one box can be ticked)
- Medical centre at work
- GP
- Hospital
- Private Doctor
- Osteopath or chiropractor
- Other

* If you have ticked other please give details.
Shoulder trouble

How to answer the questionnaire:

By shoulder trouble we mean pain, ache or discomfort in the shaded area only.

Please answer by using the tick boxes [✓]—one tick for each answer.

1. Have you ever had any shoulder trouble (ache, pain, numbness or discomfort)?
   Yes [✓] No [ ]
   If you have answer NO to this question, do not answer questions 2 – 12 but please go to section on shoulder trouble page no. 6.

2. Have you ever hurt shoulder in an accident?
   No
   Yes
   [ ] My right shoulder
   [ ] My left shoulder
   [ ] Both shoulders
   If the answer is NO, please go on to question 3.
   If YES:
   2a. Was the accident at work?
      Yes [ ] No [ ]
   2b. What was the approximate date of the accident?

3. Have you ever had to change duties or jobs because of shoulder trouble?
   Yes [ ] No [ ]

4. What do you think brought on this problem with shoulder trouble?
   Accident [ ] Supporting activity [ ] Activity at Home [ ]
   Activity at Work [ ] Other [ ]

5. 5a. What year did you first have shoulder troubles? ..........................
   5b. What year was your worst shoulder trouble? ..........................

6. How bad was the pain during the worst episode?
   Mild [ ] Sever [ ] very, very severe [ ]

7. Have you ever been absent from work because of shoulder trouble?
   Yes [ ] No [ ]
   If the answer is No, Please go on to question 8.
   If YES:
   7a. .........................
   How many times?
   7b. ......................... days
   How many days have you been absent from work with shoulder trouble in total?
   7c. ......................... days
   How many days have you been absent from work with shoulder trouble in the last 12 months?

8. How often you get or have you had shoulder trouble?
   Daily: [ ]
   One or more times a week [ ]
   One or more times a month [ ]
   One or more times a year [ ]
   One or more times every few years [ ]
   One episode of trouble only [ ]
9. What is the total length of time that you have had shoulder trouble during the last 12 months?
   - 0 days
   - 1 – 7 days
   - 8 – 30 days
   - More than 30 days, but not every day
   - Everyday

10. Has shoulder trouble caused you to reduce your activity during the last 12 months?
   10a. Work activity (at home or away from home)
   - Yes □ No □
   10b. Leisure activity
   - Yes □ No □

11. What is the total length of time that shoulders trouble has prevented you from doing your normal work (at home or away from home) during the last 12 months?
   - 0 days
   - 1 – 7 days
   - 8 – 30 days
   - More than 30 days

12. Have you been by doctor, physiotherapist, chiropractor or other such person because of shoulders trouble during the last 12 months?
   - Yes □ No □
   If the answer in NO, please go on the next section
   If YES:
   12a. Where? (more than one box can be ticked)
   - Medical centre at work
   - GP
   - Hospital
   - Private Doctor
   - Osteopath or chiropractor
   - Other
   * If you have ticked other please give details...........................................................................................................
Low back trouble
How to answer the questionnaire:
By low back trouble we mean pain, ache or discomfort in the shaded area only.
Please answer by using the tick boxes [✓] - one tick for each answer.

1. Have you ever had any low back trouble (ache, pain, numbness or discomfort)?
   Yes [✓] No [✓]
   If you have answer NO to this question, do not answer questions 2 – 12 but please go to section on shoulder trouble page no. 6.

2. Have you ever hurt low back in an accident?
   If the answer is NO, please go on to question 3.
   If YES:
   2a. Was the accident at work?
       Yes [✓] No [✓]
   2b. What was the approximate date of the accident?

3. Have you ever had to change duties or jobs because of low back trouble?
   Yes [✓] No [✓]

4. What do you think brought on this problem with you low back?
   Accident [✓] Supporting activity [✓] Activity at Home [✓] Activity at Work [✓] Other [✓]

5. 5a. What year did you first have low back troubles? .........................
    5b. What year was your worst low back trouble? .........................

6. How bad was the pain during the worst episode?
   Mild [✓] Sever [✓] very, very severe [✓]

7. Have you ever been absent from work because of low back trouble?
   Yes [✓] No [✓]
   If the answer is No, Please go on to question 8.
   If YES:
   How many times?
   7a. .........................
   How many days have you been absent from work with low back trouble in total?
   7b. .........................days
   How many days have you been absent from work with low back trouble in the last 12 months?
   7c. .........................days
8. How often do you get or have you had low back trouble?
- Daily: [ ]
- One or more times a week: [ ]
- One or more times a month: [ ]
- One or more times a year: [ ]
- One or more times every few years: [ ]
- One episode of trouble only: [ ]

9. What is the total length of time that you have had low back trouble during the last 12 months?
- 0 days: [ ]
- 1 - 7 days: [ ]
- 8 - 30 days: [ ]
- More than 30 days, but not every day: [ ]
- Every day: [ ]

10. Has low back trouble caused you to reduce your activity during the last 12 months?
- Work activity (at home or away from home):
  - Yes: [ ]
  - No: [ ]
- Leisure activity:
  - Yes: [ ]
  - No: [ ]

11. What is the total length of time that low back trouble has prevented you from doing your normal work (at home or away from home) during the last 12 months?
- 0 days: [ ]
- 1 - 7 days: [ ]
- 8 - 30 days: [ ]
- More than 30 days: [ ]

12. Have you been by doctor, physiotherapist, chiropractor or other such person because of low back trouble during the last 12 months?
- Yes: [ ]
- No: [ ]

If the answer is NO, please go on to the next section.
If YES:
- Where? (more than one box can be ticked):
  - Medical centre at work: [ ]
  - GP: [ ]
  - Hospital: [ ]
  - Private Doctor: [ ]
  - Osteopath or chiropractor: [ ]
  - Other: [ ]

* If you have ticked other please give details: ____________________________________________________________
Upper Back trouble
How to answer the questionnaire:
By upper back trouble we mean pain, ache or discomfort in the shaded area only.
Please answer by using the tick boxes [✓] - one tick for each answer.

1. Have you ever had any upper back trouble (ache, pain, numbness or discomfort)?
   Yes [✓] No [ ]
   If you have answer NO to this question, do not answer questions 2 - 12 but please go to section on
   shoulder trouble page no. 6.

2. Have you ever hurt upper back in an accident?
   If the answer is NO, please go on to question 3.
   If YES:
   2a. Was the accident at work?
      Yes [✓] No [ ]
   2b. What was the approximate date of the accident?

3. Have you ever had to change duties or jobs because of upper back trouble?
   Yes [✓] No [ ]

4. What do you think brought on this problem with your upper back?
   Accident [ ] Supporting activity [ ] Activity at Home [ ]
   Activity at Work [✓] Other [ ]

5. 
   5a. What year did you first have upper back troubles? .........................
   5b. What year was your worst upper back trouble? .........................

6. How bad was the pain during the worst episode?
   Mild [✓] Sever [ ] very, very severe [ ]

7. Have you ever been absent from work because of upper back trouble?
   Yes [✓] No [ ]
   If the answer is No, please go on to question 8.
   If YES:
   How many times?
   7a. .................................
   How many days have you been absent from work with upper back trouble in total?
   7b. .................................days
   How many days have you been absent from work with upper back trouble in the last 12 months?
   7c. .................................days
8. How often you get or have you had upper back trouble?
   Daily:
   One or more times a week
   One or more times a month
   One or more times a year
   One or more times every few years
   One episode of trouble only

9. What is the total length of time that you have had upper back trouble during the last 12 months?
   0 days
   1 – 7 days
   8 – 30 days
   More than 30 days, but not every day
   Every day

10. Has upper back trouble caused you to reduce your activity during the last 12 months?
    10a. Work activity (at home or away from home)
         Yes ☐ No ☐
    10b. Leisure activity
         Yes ☐ No ☐

11. What is the total length of time that upper back trouble has prevented you from doing your normal work (at home or away from home) during the last 12 months?
    0 days
    1 – 7 days
    8 – 30 days
    More than 30 days

12. Have you been by doctor, physiotherapist, chiropractor or other such person because of upper back trouble during the last 12 months?
    Yes ☐ No ☐
    If YES:
    12a. Where? (more than one box can be ticked)
         Medical centre at work
         GP
         Hospital
         Private Doctor
         Osteopath or chiropractor
         Other
         * If you have ticked other pleas give details..............................................................................
Wrist or hand trouble

How to answer the questionnaire:
By Wrist/hand trouble we mean pain, ache or discomfort in the shaded area only.
Please answer by using the tick boxes [✓] - one tick for each answer.

1. Have you ever had any wrist or hand trouble (ache, pain, numbness or discomfort)?
   Yes □ No. □
   If you have answer NO to this question, do not answer questions 2 - 12 but please go to section on shoulder trouble page no. 6.

2. Have you ever hurt wrist or hand in an accident?
   Yes □ No. □
   If the answer is NO, please go on to question 3.
   If YES:
   2a. Was the accident at work?
       Yes. □ No. □
   2b. What was the approximate date of the accident?

3. Have you ever had to change duties or jobs because of wrist or hand trouble?
   Yes. □ No. □

4. What do you think brought on this problem with you wrist or hand?
   Accident □ Supporting activity □ Activity at Home □
   Activity at Work □ Other □

5. a. What year did you first have wrist or hand troubles? ....................
   b. What year was your worst wrist or hand trouble? ....................

6. How bad was the pain during the worst episode?
   Mild □ Sever □ very, very severe □

7. Have you ever been absent from work because of wrist or hand trouble?
   Yes. □ No. □
   If the answer is No, Please go on to question 8.
   If YES:
   How many times?
   7a. ........................
   How many days have you been absent from work with wrist or hand trouble in total?
   7b. ...........................days
   How many days have you been absent from work with wrist or hand trouble in the last 12 months?
   7c. ...........................days

8. How often you get or have you had wrist or hand trouble?
   Daily: □
   One or more times a week □
   One or more times a month □
   One or more times a year □
   One or more times every few years □
   One episode of trouble only □
9. What is the total length of time that you have had wrist or hand trouble during the last 12 months?
- 0 days
- 1 – 7 days
- 8 – 30 days
- More than 30 days, but not every day
- Every day

10. Has wrist or hand trouble caused you to reduce your activity during the last 12 months?
10a. Work activity (at home or away from home)
- Yes
- No
10b. Leisure activity
- Yes
- No

11. What is the total length of time that wrist or hand trouble has prevented you from doing your normal work (at home or away from home) during the last 12 months?
- 0 days
- 1 – 7 days
- 8 – 30 days
- More than 30 days

12. Have you been by doctor, physiotherapist, chiropractor or other such person because of wrist or hand trouble during the last 12 months?
- Yes
- No
If the answer is NO, please go on the next section
If YES:
12a. Where? (more than one box can be ticked)
- Medical centre at work
- GP
- Hospital
- Private Doctor
- Osteopath or chiropractor
- Other
* If you have ticked other please give details............................................
Knee

How to answer the questionnaire:

By knee trouble we mean pain, ache or discomfort in the shaded area only.

Please answer by using the tick boxes [✓] - one tick for each answer.

1. Have you ever had any knee trouble (ache, pain, numbness or discomfort)?
   Yes [✓] No. [ ]
   If you have answer NO to this question, do not answer questions 2 – 12 but please go to section on shoulder trouble page no. 6.

2. Have you ever hurt knee in an accident?
   No [✓] Yes
   My right shoulder [ ] My left shoulder [ ] Both shoulders [ ]
   If the answer is NO, please go on to question 3.
   If YES:
   2a. Was the accident at work?
      Yes. [✓] No. [ ]
   2b. What was the approximate date of the accident?

3. Have you ever had to change duties or jobs because of knee trouble?
   Yes. [✓] No. [ ]

4. What do you think brought on this problem with your knee?
   Accident [ ] Supporting activity [ ] Activity at Home [ ] Activity at Work [ ] Other [ ]

5. 5a. What year did you first have knee troubles? ..................
    5b. What year was your worst knee trouble? ..................

6. How bad was the pain during the worst episode?
    Mild [ ] Severe [✓] very, very severe [ ]

7. Have you ever been absent from work because of knee trouble?
   Yes. [ ] No. [✓]
   If the answer is No, Please go on to question 8.
   If YES:
   How many times?
    7a. ......................
   How many days have you been absent from work with knee trouble in total?
    7b. .....................days
   How many days have you been absent from work with knee trouble in the last 12 months?
    7c. .....................days

8. How often you get or have you had knee trouble?
   Daily: [ ]
   One or more times a week [ ]
   One or more times a month [ ]
   One or more times a year [ ]
   One or more times every few years [ ]
   One episode of trouble only [ ]
9. What is the total length of time that you have had knee trouble during the last 12 months?
   
   0 days  
   1 - 7 days  
   8 - 30 days  
   More than 30 days, but not every day  
   Every day  

10. Has knee trouble caused you to reduce your activity during the last 12 months?

10a. Work activity (at home or away from home)
   Yes  No  

10b. Leisure activity
   Yes  No  

11. What is the total length of time that knee trouble has prevented you from doing your normal work (at home or away from home) during the last 12 months?
   0 days  
   1 - 7 days  
   8 - 30 days  
   More than 30 days  

12. Have you been by doctor, physiotherapist, chiropractor or other such person because of knee trouble during the last 12 months?
   Yes  No  

If the answer is NO, please go on to the next section.

If YES:

12a. Where? (more than one box can be ticked)
   Medical centre at work  
   GP  
   Hospital  
   Private Doctor  
   Osteopath or chiropractor  
   Other  

* If you have ticked other please give details............................................................................................................
**Information about your job**

1. How many years and months have you been doing your present type of work at this job?
   - Years  
   - Months

2. Have you worked in other workshop?
   - No  
   - Yes

   a. If yes, what is the total length of time you worked on specific jobs elsewhere, before working at this workshop?
      - Years  
      - Months

3. Do you have any other paid job other than at this workshop?
   - Yes  
   - No

4. On average, how many hours a week do you work at this workshop (including overtime but excluding main meal break)?
   - Hours

5. How many of these hours are spent working on this specific job?
   - Hours

6. Do you rotate or change your duties regularly during the day?
   - Yes  
   - No

   6a. How often?
      - Changing once every hour
      - Changing once about every 2 hours
      - Changing once about every 2 - 4 hours
      - Other

   If you have ticked other please say how often:

   1. On average how many breaks do you have each working day?
   2. Ignoring your lunch – break, how long is each of your breaks on average?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a. Do you adjust the backrest of your seat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b. Do you adjust the footrest to your seat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c. Do you adjust the height of the seat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10d. Do you move the seat to or from the desk</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REPORT

Name:
Age:
Gender:
Chief Complaint:
On observation:
  Posture:
On Palpation:
On examination of Neck, Back and Knee:

Neck Examination:

<table>
<thead>
<tr>
<th>Range Of Motion (ROM)</th>
<th>Reference Range</th>
<th>Muscle Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexion</td>
<td>80° – 90°</td>
<td>Flexors</td>
</tr>
<tr>
<td>Extension</td>
<td>70°</td>
<td>Extensors</td>
</tr>
<tr>
<td>Lateral Flexion (Right)</td>
<td>20° – 45°</td>
<td>Lateral Flexors (Right)</td>
</tr>
<tr>
<td>Lateral Flexion (Left)</td>
<td>20° – 45°</td>
<td>Lateral Flexors (Left)</td>
</tr>
<tr>
<td>Lateral Rotation (Right)</td>
<td>70° – 90°</td>
<td>Lateral Rotation (Right)</td>
</tr>
<tr>
<td>Lateral Rotation (Left)</td>
<td>70° – 90°</td>
<td>Lateral Rotation (Left)</td>
</tr>
</tbody>
</table>

Tightness:

Reflexes:
Biceps (C5 – C6):
Triceps (C7 – C8):

Special Test:
Foraminal compression tests:
Distraction tests:
Brachial plexus tension test:
### Back Examination:

<table>
<thead>
<tr>
<th>Range Of Motion (ROM)</th>
<th>Reference Range</th>
<th>Muscle Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexion</td>
<td>40° - 60°</td>
<td>Flexors</td>
</tr>
<tr>
<td>Extension</td>
<td>20° - 35°</td>
<td>Extensors</td>
</tr>
<tr>
<td>Lateral Flexion (Right)</td>
<td>15° - 20°</td>
<td>Lateral Flexors (Right)</td>
</tr>
<tr>
<td>Lateral Flexion (Left)</td>
<td>15° - 20°</td>
<td>Lateral Flexors (Left)</td>
</tr>
<tr>
<td>Lateral Rotation (Right)</td>
<td>3° - 18°</td>
<td>Lateral Rotation (Right)</td>
</tr>
<tr>
<td>Lateral Rotation (Left)</td>
<td>3° - 18°</td>
<td>Lateral Rotation (Left)</td>
</tr>
</tbody>
</table>

### Tightness:

### Reflexes:
- Patellar (L3 – L4):
- Medial Hamstrings (L5 – S1):
- Lateral Hamstring (S1 – S2):
- Posterior tibial (L4 – L5):
- Achilles (S1 – S2):

### Special Tests:
- Slump test:
- SLR (Straight leg rising):
- Prone knee bending test:

### Knee Examination:

<table>
<thead>
<tr>
<th>Range Of Motion (ROM)</th>
<th>Reference Range</th>
<th>Muscle Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexion</td>
<td>0° - 135°</td>
<td>Flexors</td>
</tr>
<tr>
<td>Extension</td>
<td>0° - 15°</td>
<td>Extensors</td>
</tr>
<tr>
<td>External Rotation</td>
<td>20° - 30°</td>
<td>Lateral Flexors (Right)</td>
</tr>
<tr>
<td>Internal Rotation</td>
<td>40° - 40°</td>
<td>Lateral Flexors (Left)</td>
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<tr>
<td>Patellar Movements</td>
<td></td>
<td>Lateral Rotation (Right)</td>
</tr>
</tbody>
</table>

### Tightness:

<table>
<thead>
<tr>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamstring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quadriceps</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Reflexes:
Patellar (L3 – L4):
Medial Hamstrings: (L5 – S1):
Lateral Hamstring: (S1 – S2):
Posterior tibial: (L4 – L5):
Achilles: (S1 – S2):

Special Tests:
Patellar test:
Lachman’s test:
Drawer’s Sign:

Fatigue Questionnaire Developed by Yoshitake, 1978

Name of the Subject:

Date:

Before/After

Group A (General)

1. Feel heavy in the head
2. Feel tired in the whole body
3. Feel tired in the legs
4. Give a yawn
5. Feel the brain hot or muddled
6. Become drowsy
7. Feel strained in the eyes
8. Become rigid or clumsy in motion
9. Feel unsteady while standing
10. Want to lie down

Group B (Mental)

11. Find difficulty in thinking
12. Become weary while talking
13. Become nervous
14. Unable to concentrate attention
15. Unable to have interest in thinking
16. Become apt to forgot things
17. Lack of self confidence
18. Anxious about things
19. Unable to straighten up in posture
20. Lack patience

Group C (Physical)
21. Have headache
22. Feel stiff in the shoulder
23. Feel a pain in the waist
24. Feel constrained in breathing
25. Feel thirsty
26. Have a husky voice
27. Have dizziness
28. Have a spasm of the eyelids
29. Have a tremor in the limbs
30. Feel ill

**Trunk strength measurement:**

<table>
<thead>
<tr>
<th>Readings</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>First reading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second reading</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third reading</td>
<td></td>
<td></td>
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</tbody>
</table>