



ACTIVITY-RELATED SOFT TISSUE DISORDER (ASTD) PRE-SITE QUESTIONNAIRE

CLAIMS CALL CENTRE

Phone 604 231-8888
Toll-free 1 888 967-5377
M–F, 8:00 a.m. to 4:30 p.m.

FAX

604 233-9777
Toll-free **1 888 922-8807**

MAIL

WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Date:

As stated in our attached letter, it is important that you answer each question **in detail**. These types of claims often involve many factors. The following information will assist us in reaching a decision on your claim.

A. Worker background

Worker last name		First name		Middle initial	WorkSafeBC claim number
1. Age	2. Weight		3. Height		4. Gender
5. Hand dominance	6. Date of injury (yyyy-mm-dd)		7. Medical diagnosis		
8. Employer's name			9. Job title		
10. How long in current job		11. Total years with accident employer		12. Time loss Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. Occupation			14. Prior claims		

B. History (Facts and assumptions)

1.	Nature of symptoms: What are the symptoms? When were they first noted? How were your symptoms first noted? Activity at time of symptom onset (incident/trauma)?
2.	Why do you feel that the condition has resulted from your employment (i.e., I tripped over a board on the ground and fell, landing on my right knee)?





Activity-related Soft Tissue Disorder (ASTD) Pre-Site Questionnaire *(continued)*

Worker last name	First name	Middle initial	WorkSafeBC claim number
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<p>3. Did one specific event start the symptoms?</p>
<p>4. What tasks most aggravate the symptoms either at work or at home? (Any changes to activities since the onset of symptoms?)</p>
<p>5. When are the symptoms worse (e.g., in the a.m., p.m., when sleeping, etc.)?</p>
<p>6. Have the symptoms changed over time (how, when)? Are the symptoms unilateral (one side) or bilateral (both sides)?</p>



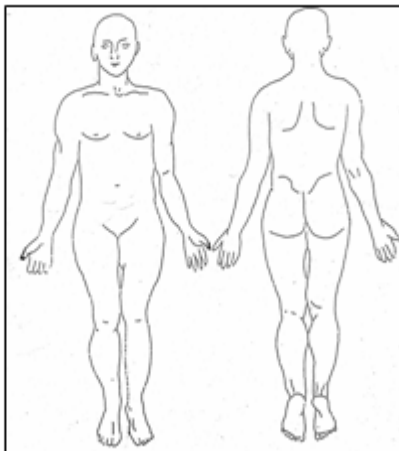
Worker last name	First name	Middle initial	WorkSafeBC claim number
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7 Have you ever had any symptoms in the past similar to those you are now having? If yes, please describe (include dates and details of medical attention sought)

C. Subjective symptom report

Please label the area of symptoms using the following symbols:

Nature of pain: numbness --- pins + needles 000 burning xxx stabbing /// aching ^^



Dorsum
(back of)
right hand



Dorsum
(back of)
left hand

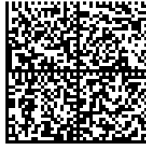


Palm
right hand



Palm
left hand





Worker last name	First name	Middle initial	WorkSafeBC claim number
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1. Did one specific event start the symptoms?
 Yes No
 If yes, please check (✓) the appropriate box(es) below
 Fall Twist Lift Other (please explain)

2. When did you first notice symptoms? Be as specific about dates as possible (day, month, year)
Day **Month** **Year**

D. Employment history

1. Current job
 a. How long at current job/position?

 b. How long have you been with current employer?

 c. Any recent changes to job (duration, intensity, frequency, etc.)?

2. Job narrative (activities performed — what does a typical workday look like?)

3. Prior work history

Name of employer	Job title	Job duties	Dates of employment
i.			



Activity-related Soft Tissue Disorder (ASTD) Pre-Site Questionnaire *(continued)*

Worker last name	First name	Middle initial	WorkSafeBC claim number
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Prior work history continued

Name of employer	Job title	Job duties	Dates of employment
ii.			
iii.			

4. Has your employer been advised of your current condition?
To whom was it reported (provide names and dates)?

5. Hours of work: flextime, overtime, commission, piecework, etc. (full-time, part-time, casual)

6. How often do you get breaks during your workday? How long do they last?



Activity-related Soft Tissue Disorder (ASTD) Pre-Site Questionnaire *(continued)*

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7. If you have an unusual or rotating work schedule, please describe

8. Did you have any time off from your employment during the one year prior to the onset of symptoms due to unemployment, extended vacations, leaves of absence, strike/lock-out, lay-offs, medical treatment, etc? If so, please describe and include dates you were not working

9. Does your work involve slow/busy periods or is the workflow fairly constant?

10. Are there any labour relations issues?



Activity-related Soft Tissue Disorder (ASTD) Pre-Site Questionnaire *(continued)*

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11. Would your job allow for modified duties/activities?

12. Worker's report of job task demands. From your perspective, how difficult is the job?

13. If you work at a keyboard, please describe your work speed and duration of that work, i.e., how many words per minute and how many hours per day at the keyboard

14. Job modification. Have there been any recent changes to your workstation?



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15. Is your work performed in a cold, damp/wet environment? If YES, please describe the temperature

16. Do you wear gloves? If YES, what kind, and for how long throughout your workday?

E. Personal and lifestyle

1. Marital status

2. Family (children/ages)

3. Do you smoke (quantity and frequency)?

4. Alcohol/drug consumption (quantity and frequency)

5. State of your general health



Activity-related Soft Tissue Disorder (ASTD) Pre-Site Questionnaire *(continued)*

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6. Underlying diseases/systemic medical conditions (diabetes, arthritis, thyroid/hormone imbalance, pregnancy, gout, etc.)

7. Have you ever had surgery? If yes, please describe

8. Medications, including birth control and HRT (type, quantity, duration)

9. Family history of similar problems



Activity-related Soft Tissue Disorder (ASTD) Pre-Site Questionnaire *(continued)*

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10. Past history: prior problems, surgeries, fractures, claims, MVAs, etc.

11. Medical attention sought: family physician, walk-in clinic, hospital, other (include name and phone number)

12. Treatment: physician, chiropractor, massage, acupuncture, other (type, duration, location)

13. Medical referrals, tests, investigations, x-rays, CT, MRI, bone scan, EMG, blood work (type, duration, location)



Activity-related Soft Tissue Disorder (ASTD) Pre-Site Questionnaire *(continued)*

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14. Domestic activities — general activities of daily living — household duties, property, yard work

15. Home computer use (quantity, duration)

16. Social activities: What activities are you involved in outside of your employment? Please provide details of any computer usage, sports, hobbies, gym memberships, musical instrument(s), boating/sailing, or other recreational activities and how often you participate in these activities (include frequency and duration of activity)

17. How do you occupy your time away from work?



Activity-related Soft Tissue Disorder (ASTD) Pre-Site Questionnaire *(continued)*

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18. Other (2nd) jobs — provide details

19. As additional information may be required from you, please provide a telephone number where you can be reached during the day. What is the best time to contact you?

Additional comments

20.



Activity-related Soft Tissue Disorder (ASTD) Pre-Site Questionnaire *(continued)*

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21.

Print name

Signature

Date (yyyy-mm-dd)

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

