

Draft Employee Interview

CONFIDENTIAL

For Ergo-Team Investigators only

Pre-video Interview with Employee Volunteers

Introduction

Thank you for agreeing to participate in this project. As mentioned in the consent form, the first thing we want to do is interview you.

We want to ask you some questions about your work history at the company, tasks you have done, and how you feel about your job and work environment.

We will also ask about pain or discomfort you experience while you work and movements you find painful.

This interview will be assigned a number and we will not use your name in any reports or discussions we have about the information in this interview with people outside of the Ergo-Team. These interviews will be stored separately from the names of the employee volunteers in a locked filing cabinet.

After the interview, we will video record you while you work. Once we have analyzed your recording, we will discuss it with you. At that time, we will also ask any additional questions that may have arisen while we were doing our analysis of your video.

I would like to remind you that you are completely free to refuse to answer any of the following questions. You are also free to leave the project at any time should you decide you no longer want to participate.

Part 1: Description of your current job, workstation/environment and tasks involved in your work

1. What is the title of your current job/position?

2. Are you currently on light or restricted duty? If yes, please explain.

3. Can you describe for us the different tasks that are involved in your job?

4. Can you describe for us a typical day on the job from the beginning of the shift to the end?

5. Do you find any of the tasks that you have described above particularly difficult? Why/ how do you find them difficult?

6. Is your job dependent on interaction with other employees/departments or can the job be completed independently?

7. Describe how you interact with your co-workers. Do you help each other? Do you have to interact in order to complete the job tasks?

8. Does your work affect the work of others before or after your workstation? Please describe.

9. Describe for us how the product/loads required for your work are delivered to your area [conveyor (does the conveyor bring it to you or do you go get it from the conveyor), forklift, etc.].

10. Describe for us how the product/loads required for your work are delivered to other departments after you complete your job tasks.

11. Is product/load movement between workstations done in an efficient manner?

12. How is the pace of your work determined? For example, do other departments determine the amount of work you must do and how quickly the work must be completed? Are you on a bonus system?

13. Can you control any elements of your work speed?

14. Are you comfortable with the pace of your work? If not, please explain.

15. Do you take mini breaks at your workstation to rest or stretch?

16. Describe for us what you like about your job.

17. Describe for us what you dislike about your job.

18. In your work you use a variety of tools and machinery. Can you list them and briefly describe the ease/difficulty with using each.

19. Please list any personal protective equipment you use (e.g. gloves, boots, aprons, glasses, earplugs, hats etc.).

20. Describe how this personal protective equipment impacts your work in terms of making it easier or harder (e.g. is dexterity in your hands affected by the gloves you wear?).

21. Think about your different jobs. Describe the posture/position you usually use during your work tasks (e.g. standing or sitting, bent at the waist, alternating between sitting and standing etc.).

22. Describe the surface under your feet (including anti-fatigue matting) when you complete standing/walking tasks in your job.

23. Does the standing/sitting surface impact your work tasks and/or comfort? If yes, please describe.

24. Are you able to change your posture during job tasks by sitting, walking to different areas or resting your foot on a rail?

25. Does your level of comfort or discomfort change throughout the day? Throughout the season? Please explain.

26. Can you describe the amount of space available in each of the work areas and comment on whether it is enough to complete tasks?

27. Is there enough space for you and your co-workers to move and walk freely?

28. Describe the temperature in your work area?

29. Is the temperature comfortable for your feet, hands, general body? Please describe.

30. Is there water, steam or humidity in your work areas? If yes, how does it affect your work tasks and/or comfort?

31. Describe the lighting in your work areas and whether it is sufficient for your work and/or comfort.

32. Describe the noise level in your work areas and whether it affects your work and/or comfort.

33. Does your workstation or the tools you use vibrate during the workday? If yes, please describe.

Part 2: Characteristics of the employee and work history

34. Age: _____

35. Sex: _____

36. How tall are you? _____

37. Are you left or right handed? _____

38. How many years have you worked with this company? _____

39. What is your seniority status?

40. Approximately how many hours do you work each week?

41. Are you a full time employee throughout the year?

42. Do you complete any other jobs outside of this department in any given year? If so, how many hours / weeks do you work outside the department?

43. Have you had any other jobs during your time at this company? If so, please list them starting with the most recent and working backwards:

	Job 1	Job 2	Job 3	Job 4
Years				
Weeks				
Job Description				
Reason for change from the previous job position				

44. Describe how you trained for the job you are doing now? (For example: job shadowing, trained by a co-worker, trained by a supervisor.)

45. Do you have an opportunity to discuss with other workers both inside and outside your department how to improve the job? If yes, with whom and describe some of your ideas.

46. Do you rotate jobs or workstations with other workers during a shift? If yes, describe how you rotate jobs.

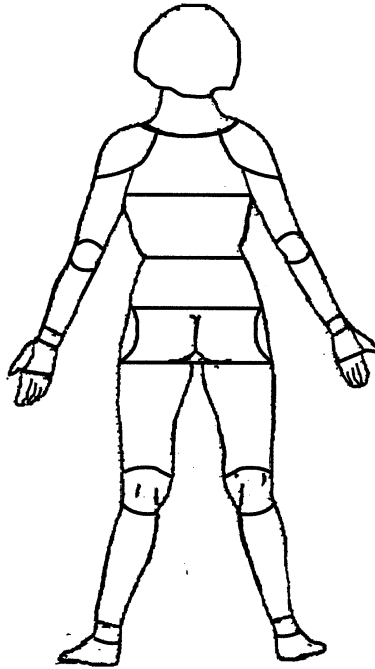
47. How long do you spend at one workstation/task at one time?

48. If you do not rotate, why don't you rotate?

Part 3: Work-related fatigue, discomfort, and stress

49. Are you tired or fatigued at the end of the workday? Yes or No (circle).

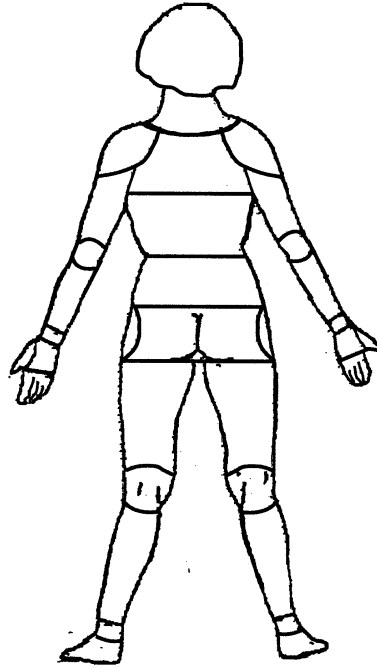
Please mark the areas where you experience that fatigue with an X.



50. Describe the particular tasks that you believe contribute to the feeling of fatigue you have described here.

51. Do you experience pain or discomfort after your shift has ended as a result of your work tasks?
Yes or No (circle).

Please mark the areas where you experience the pain or discomfort after the work day
with an X.



52. Describe the particular tasks that you believe contribute to the pain and discomfort you have
described here.

Part 4: Adaptation of the workstation and tasks

53. Describe any strategies (e.g. use of anti-fatigue mats, foot rests, sit/ stand stools, micro breaks etc.) you use while completing your work tasks to help manage/reduce pain, fatigue and discomfort.

54. Describe any adaptations/ changes to the workstation or tasks that have occurred since you started this job; have they had an impact (positive or negative) in terms of symptoms of fatigue, pain or discomfort.

55. Describe any ideas you have to improve the workstations and tasks to reduce stress, fatigue and/or discomfort?

56. Have you discussed these ideas with your co-workers in this department? Other departments? What do they think of the ideas?

57. Have you discussed the ideas with your supervisors/management? What do they think of the ideas?

58. Were any of the changes you suggested implemented? In your opinion, why or why not?

59. If these changes were implemented, did they result in a reduction in fatigue, stress or discomfort?
