



## Intervention Evaluation Survey for Review of Workstation Changes

---

Management has recently made changes to your work area based on a report from the Ergo-Team. We are in the process of evaluating those changes and one of the tools we are using in our evaluation is a survey of employees in the affected area. Participation in this survey is voluntary and you have the right to refuse to complete the survey, or to refuse to answer particular questions without impacting your job status. The results of this survey will be available to members of the Ergo-Team and the ergonomist, and will only be used for the purpose of this evaluation and, where appropriate, to determine the need for further improvements.

Here, we have two photos, one of the work area before the changes, and one of the area after the changes were made (*Ergo-Team member(s) points out the changes in the photo*).

We would like to ask you some questions about these changes and how they have affected your work.

**[show photos of pre- and post-intervention area]**

# Evaluation Survey for Affected Workers

**Adapted from:** Laing, A. C., M. B. Frazer, et al. (2005). Study of the effectiveness of a participatory ergonomics intervention in reducing worker pain severity through physical exposure pathways. *Ergonomics* 48(2): 150-170.

Date: \_\_\_\_\_

Shift (Day, evening, or night): \_\_\_\_\_

Department (you work in): \_\_\_\_\_

**1. Have you worked in the area since the changes were made? (Please circle the appropriate answer)**

- No, I haven't
- No, I haven't but I am aware of the change
- Yes, once or twice
- Yes, a few times
- Yes, on a regular basis

**2. If you answered YES (to Question 1), how would you rate these changes? (Please circle the appropriate answer)**

- Much worse than before
- A bit worse than before
- No different than before
- A bit better than before
- Much better than before

**3. Which changes, if any, have made your work easier? Please explain.**

---

---

---

---

**Survey of Workstation Changes**  
Please DO NOT put your name on this survey

**4. Which changes, if any, have made your work more difficult? Please explain.**

---

---

---

---

**5. Do you have any suggestions on ways to fix these or other ongoing problems with your job?**

---

---

---

---

**6. In your opinion, did these changes affect the jobs of workers in other parts of the plant? If so, what workers and how did their jobs change?**

---

---

---

---

**Please return completed surveys to an Ergo-Team member or to the union office.**

**Thank you for your time!**