G 46 Medical anamnesis of musculoskeletal disorders (anamnesis questionnaire 2)

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1. **Character of the pain:**
   how would you describe the pain or symptoms which you have had in the arms and legs, muscles or spinal column?
   - None
   - Yes, the pain or symptoms can be described as follows:
     - dull pain, where?
     - shooting pains
     - burning sensations
     - ache
     - stabbing pain
     - stiffness
     - cramp
   - tenseness
   - aching muscles
   - weak muscles
   - other symptoms
   - prickling sensation/paresthesia*
   - Raynaud’s phenomenon*

2. **Shooting pains:** do the pains shoot from one part of the body to another and, if yes, where to?
   - No
   - Yes, the pains shoot into the following parts of the body:
     - neck, cervical spine
     - thoracic spine
     - lumbar spine
     - hip joint, thigh
     - knee, lower leg
     - foot, ankle
     - shoulder, upper arm
     - elbow, forearm
     - hand, wrist, fingers
   - left
   - right

3. **Provokability:** can the pain be provoked?
   (e.g. by coughing, straining, certain movements, working with vibrating tools, work in the cold?)
   - No
   - Yes, by:

4. **Intensity of pain:** how bad was the worst pain of this kind that you have had in the last 30 days?
   Give the symptoms a score between 0 (no symptoms) and 10 (the worst pain you can imagine)
   - no symptoms
   - the worst pain
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10

5. **Weekly prevalence:** have you today or have you had in the last 7 days (in the last week?) pain or symptoms in the arms, legs, muscles or spine?
   - No
   - Yes, in the following parts of the body:
     - neck, cervical spine
     - thoracic spine
     - lumbar spine
     - hip joint, thigh
     - knee, lower leg
     - foot, ankle
     - shoulder, upper arm
     - elbow, forearm
     - hand, wrist, fingers
   - left
   - right

6. **Further anamnestic information** (pain characteristics, provokability, course, functional disorders, disabilities, previous treatment, previous diagnoses, evidence of systemic disorders, medication abuse, smoking):

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(*see page 2)
Medical anamnesis for hand-arm vibration exposure

1. Have you during the last 12 months noticed that your fingers feel numb or that they go white and dead?
   - never
   - several times per year
   - several times per month
   - several times per week
   - several times daily

2. Which fingers were affected by this feeling of numbness or going white and how much finger was affected?
   (please mark the area exactly)

   Example:

   ![Example Image]

3. Comments: