HAND-TRANSMITTED VIBRATION

SELF-ADMINISTERED QUESTIONAIRE

Name ______________________

Date ______________________

Gender ____________ Age ____________

SECTION 1 – SOCIAL HISTORY

1.1 Nicotine consumption

Do you smoke or have you ever smoked? No ☐ Yes ☐

If yes, when did you start smoke regularly? ______

Do you still smoke? No ☐ Yes ☐

If no, when did you give up to smoke? ______

If yes, how much did/do you smoke?

Cigarettes per day: ____

Do you vape regularly? No ☐ Yes ☐

If yes, how many times per day? ____

1.2 Alcohol consumption

Do you drink alcohol (wine, beer, etc.)? No ☐ Yes ☐

How many standard drinks do you drink daily?

☐ 0-1 unit ☐ 2-3 units ☐ more than 3 units

How many standard drinks do you drink weekly?

☐ 1-3 units ☐ 4-6 units ☐ more than 6 units

Note: 1 standard drink = 10g of alcohol, or 330ml can of beer at 4% alcohol or 100ml glass of wine at 12.5% alcohol

SECTION 2 – MEDICAL HISTORY

2.1 Injury

Have you ever injured your:

☐ hands ☐ arms ☐ shoulders ☐ neck ☐ back

If yes, specify (lacerations, fractures, etc.) ______________________

____

2.2 Surgical treatment

Have you ever received surgery in your:

☐ hands ☐ arms ☐ shoulders ☐ neck ☐ back

If yes, specify ______________________

____

2.3 Medical treatment

Are you on any long-term medication for any chronic disease?

No ☐ Yes ☐

If yes, details ______________________

____

SECTION 3 - SYMPTOMS

3.1 Colour changes:

Have you ever experienced any colour changes in your fingers? No ☐ Yes ☐

If no, go to section 3.2

If yes, what colours? ☐ blue ☐ white ☐ red

If you have experienced white finger, was the whiteness clearly demarcated? No ☐ Yes ☐

If yes, when did you first notice this? ______

When did the last episode of white finger occur?

___ day(s) ago ___ month(s) ago ___ year(s) ago

Do any members of your family suffer from white finger (only the blood relatives)? No ☐ Yes ☐

If yes, do they work with vibrating tools? No ☐ Yes ☐

If you suffer from white finger, how often does it occur ?

☐ Several times a year ☐ Several times a month

☐ Several times a week ☐ Several times a day

Does it occur in winter, summer or both?

☐ Winter ☐ Summer ☐ Both

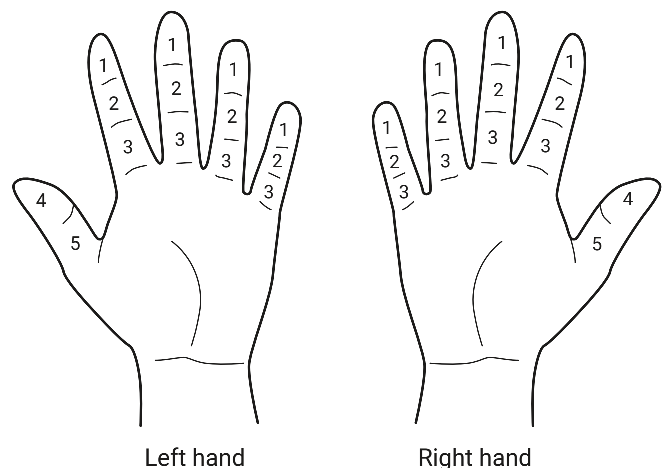
Does any factor trigger it?:

☐ Cold condition ☐ Handling cold object

☐ When feeling the vibration from vibrating tools

Others ______________________

Which fingers/thumbs are affected with whiteness? (indicate by shading the parts that go white on the diagram)



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Does the condition interfere with any leisure activities?

No ☐ Yes ☐

Does the condition interfere with any work activities?

No ☐ Yes ☐

3.2 Tingling:

Have you ever experienced tingling in the fingers?

No ☐ Yes ☐

If yes, when did you first notice this? ______

If yes, when?

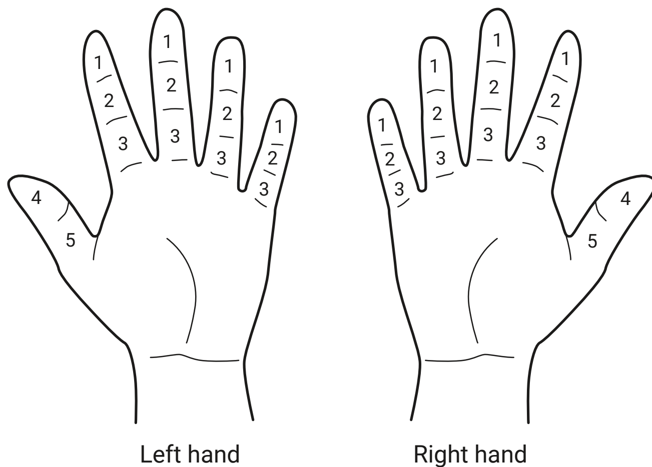
☐ While working with vibrating tools

☐ After working with vibrating tools

☐ After exposure to cold ☐ During white finger

☐ After white finger ☐ At night ☐ At other time

Which fingers/thumbs are affected with tingling? (indicate by shading the parts that get tingling on the diagram)



Does the condition interfere with any leisure activities?

No ☐ Yes ☐

Does the condition interfere with any work activities?

No ☐ Yes ☐

3.3 Numbness:

Do your fingers go numb? No ☐ Yes ☐

If yes, when did you first notice this? ______

If yes, when?

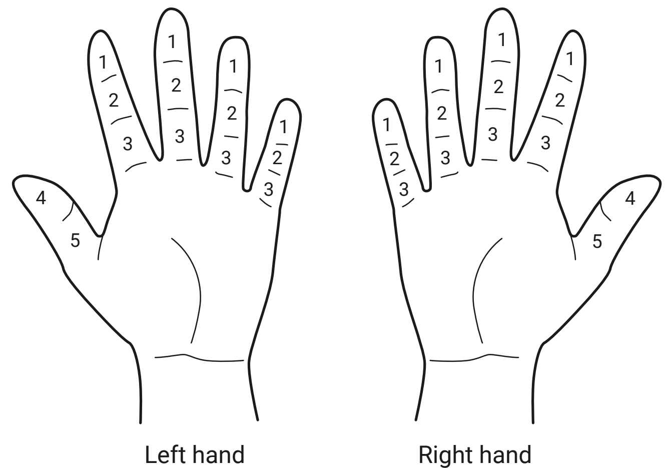
☐ While working with vibrating tools

☐ After working with vibrating tools

☐ After exposure to cold ☐ During white finger

☐ After white finger ☐ At night ☐ At other time

Which fingers/thumbs are affected with numbness? (indicate by shading the parts that get numbness on the diagram)



Does the condition interfere with any leisure activities?

No ☐ Yes ☐

Does the condition interfere with any work activities?

No ☐ Yes ☐

3.4 Musculoskeletal complaints in the upper limbs and neck:

Did/do you suffer from muscle/joint troubles in the upper limbs? No ☐ Yes ☐

If yes, when: ☐ in the last 7 days

☐ in the last 12 months ☐ or in the past

Did/do you suffer from muscle/joint troubles in the neck?

No ☐ Yes ☐

If yes, when: ☐ in the last 7 days

☐ in the last 12 months ☐ or in the past

3.5 Effects of symptoms in the hands and fingers

In the past 12 months have symptoms in the hands caused any difficulty with the following activities?:

	No difficulty	Difficult but not impossible	Impossible
Turn a door knob or lever	☐	☐	☐
Open a tight jar lid	☐	☐	☐
Put on a jacket or pullover	☐	☐	☐
Fasten buttons	☐	☐	☐
Handling and picking up coins	☐	☐	☐
Pour from a jug or a pot	☐	☐	☐

Did symptoms in the hands affect your work ability?

No ☐ Yes ☐

If yes, when: ☐ in the last 7 days

☐ in the last 12 months ☐ or in the past

Was there any reduction in your work output in the last 7 days due to the above symptoms? No ☐ Yes ☐

Reference Griffin, M. J., & Bovensi, M. (2007). *Protocol for epidemiological studies of hand-transmitted vibration.* Institute of Sound and Vibration Research, University of Southampton, U.K. Institute of Occupational Medicine, University of Trieste, Italy.