

Appendices

Appendix –1
Interview Schedule

Section 1

General Information

1. Block _____
2. District _____
3. State _____
4. Subject Code _____
5. Name of Health Care Worker _____
6. Gender: 1. Male 2. Female
7. Age _____ Years
8. Marital Status : ☐
 1. Single
 2. Married
 3. Divorcee/Separated/Widowed
9. Education : A. Years of study _____
 B. Level of study ☐
 1. High School
 2. Intermediate
 3. Bachelor's degree
 4. Master's degree
 5. Degree/Diploma in nursing
 6. Any other. ☐
10. Work Place ☐
 1. Medicine ☐
 2. Surgery ☐
 3. Theatre ☐
 4. Out patients ☐
 5. Pediatrics ☐
 6. Intensive care ☐
 7. Obstetrics/Gynecology ☐
 8. Orthopedics
 9. Any other

10. Work Hours:

1. Part Time _____ hours.

2. Full Time _____ hours.

11. Job Rank

1. Registered and practincinal nurses

2. Nurses's aides and orderlies

12. Average no. of hours worked per week _____

13. Years worked in current department _____

14. Work Schedule:

1. Three shifts –Morning,

- Evening,

- Night

2. Other types

15. Type of Hospital

1. Government _____

2. Private

16. Total number of Beds in Hospital _____

17. Total number of Health care workers: _____

1. Nurses

2. Wardboys

18. Total number of Health care workers in each department:

S.No.	Department	Nurses	Wardboys
1	Medicine		
2	Surgery		
3	Theatre		
4	Orthopedics		
5	Out patients		
6	Pediatrics		
7	Intensive care		
8	Obstetrics & gynecology		
9	Aides/Orderlies		
10	Any other		

19. Average number of patients admitted per day

20. Average number of patients assisted by HCWs per day

21. Nature of work carried out by you in hospitals:

1. Patient Handling tasks: - 0 = No, 1 = Yes

- | | |
|---|--------------------------|
| 1. Moving Patient & Chair/Hoist | <input type="checkbox"/> |
| 2. Washing in bath | <input type="checkbox"/> |
| 3. Rolling a patient from side to side for access when washing or
changing on the bed. | <input type="checkbox"/> |
| 4. Transfer of patients with one member without lifting equipment. | <input type="checkbox"/> |
| 5. Transfer of patients with two member without lifting equipment. | <input type="checkbox"/> |
| 6. Dressing/Washing on hoist. | <input type="checkbox"/> |
| 7. Dressing/Washing on commode. | <input type="checkbox"/> |
| 8. Dressing/Washing on bed. | <input type="checkbox"/> |
| 9. Transferring a patient. | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| 10. Shifting a patient from lying to setting on the bed. | |
| 11. Making a bed with patient in it. | <input type="checkbox"/> |
| 12. Assisting in using toilet. | <input type="checkbox"/> |
| 13. Assisting with eating/drinking/taking medicines. | <input type="checkbox"/> |
| 14. Medical wound care. | <input type="checkbox"/> |
| 15. Patient care | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| 16. Adjusting patient's bed during feeding, sitting etc. | |
| 17. Any other. | <input type="checkbox"/> |

2. Non -Patient handling tasks:

- | | |
|---|--------------------------|
| 1. Preparation of work surface & organization of meals. | <input type="checkbox"/> |
| 2. Collecting equipment e.g. drug trolley, bowls for washing, bed pans,
etc. | <input type="checkbox"/> |
| 3. Moving furniture including bed, bed table, chairs, empty wheel chairs,
inen trolley, etc. | <input type="checkbox"/> |
| 4. Bed making. | <input type="checkbox"/> |
| | <input type="checkbox"/> |

5. Working equipments e.g. cot sides, bed pan, towels, etc.
6. Writing up patients notes, etc.
7. Pulling equipments.
8. Other tasks, mostly administrative.
9. Any other.

☐
☐
☐
☐

Section 2 Occupational Health Hazards Interview Schedule

Part-1 (A)

Personal Information

1. Name of the HCW: _____
2. Identification code:
3. Height:
4. Body mass:
5. Body Mass Index
 1. $<25 \text{ kg./m}^2$
 2. $>25 \text{ kg./m}^2$
6. Smoking
 1. Yes
 2. NO
7. Alcohol
 1. Yes
 2. No
8. Prescription Medication use.
 1. Yes
 2. No

Part 1 (B)

Medical Background

9. Have you ever been told by physician that you had any of the following?
 0. No 1. Yes
 1. Diabetes
 2. Gout
 3. Thyroid problems
 4. Kidney failure

- 5. Alcoholism ☐
- 6. Ruptured discs ☐
- 7. Hypertension ☐
- 8. Respiratory problem ☐
- 9. Any other ☐

10. Have you ever been told by physician that you had any type of :

0 = No, 1 = Yes

- 1. Arthritis ☐
- 2. Tendonitis ☐
- 3. Any other joint problem ☐

11. Which year was the condition diagnosed by a physician _____

12. Did you ever had pain or injury in your: 0 = No, 1 = Yes

- 1. Neck ☐
- 2. Shoulder ☐
- 3. Elbow/Forearm ☐
- 4. Hand/Wrist ☐
- 5. Back ☐
- 6. Hip/Thigh ☐
- 7. Knee ☐
- 8. Ankle ☐

13. Which types of treatment did you recommended/taken for these problems :

0 = No, 1. Yes

- 1. Anti-inflammatory drugs ☐
- 2. Surgery ☐
- 3. Physical therapy ☐
- 4. Psychological ☐
- 5. Any other ☐

14. Did you ever have taken any worker's compensation claim?

- 1. No
- 2. Yes

15. If yes, then specify for which injury and year.

Back Pain Injury Questionnaire.

For the purpose of this study, consider the “back” to include the area which is shaded in the figure at the left.

The back is further divided into three parts :-

1. The neck.
2. The upper back.
3. The lower back.

16. Have you ever reported a “back injury at work.

1. NO
2. Yes

17. Have you ever-experienced back pain? (Unrelated to internal complaints such as kidney problems or premenstrual backache.)

1. NO

2. Yes if Yes.

2.2 Yes, single incident.

2.3 Yes, repeated incident.

18. Where was the pain located (indicate one or more areas.)

1. Neck
2. Upper back
3. Lower back

19. Have you ever experienced any limitations in your normal activity (at home, or work) due to your back complaint?

1. Yes
2. No

20. Do you miss your work for back pain?

1. Yes if yes 1) How many days?
2. No

21. Did this work back pain require a doctor's visit?

1. No
2. Yes

22. What was the doctor's diagnosis of back pain?

1. Diagnosis of back strain.
 - (i) Yes
 - (ii) No.
2. Diagnosis of sciatica.
 - (i) Yes
 - (ii) No
3. Any other
 - (i) Yes if yes please specify
 - (ii) No

Part – 2

Workers related injuries and health hazards

1. With in the last 1 month, 3 months & 12 month, while working in hospital, do you ever suffered form such type of illnesses.

1. Infections Hazards:

- A. Biological Hazards like cuts, wounds & communicable diseases due to

Possibilities	No	Yes			Life time
		1 Month	3 Months	12 Months	
1. Exposure to blood borne pathogens from percutaneous injuries, splashes, and other contact.					
2. Exposure to infections micro-organisms.					
3. Exposure to biological components of surgical smoke from use of lasers and electrosurgical units.					
4. Exposure to the chemical and protein allergens in latex gloves.					
5.Exposure to blood, body fluids or tissue specimens possibly leading to					

blood borne diseases such as A. Hepatitis B B. Hepatitis C C. HIV					
6. Diseases such as syphilis, malaria, tuberculosis, as a result of a prick from a syringe, needles etc.					
7. Hazard of contracting a communicable disease from the patients.					
B. Chemical Hazards					
Irritation to the A. Skin B. Respiratory track C. Any type of allergy due to exposure to:					
1. Anesthetic agents A. Skin B. Respiratory track C. Any type of allergy					
2. Disinfectants/sterilizing agents A. Skin B. Respiratory track C. Any type of allergy					
3. Cleaning agents A. Skin B. Respiratory track C. Any type of allergy					
4. Specimen Preservatives A. Skin B. Respiratory track C. Any type of allergy					
5. Laboratory reagents A. Skin					

B. Respiratory track C. Any type of allergy					
C. Physical Hazard due to exposure to:					
1. Ionizing radiations					
2. Noise					
3. Lasers					
4. Smoke plume					
5. Compressed gasses					
6. Any other					
D. Accidental Hazards due to:					
1. Slips, Trips and falls on wet floors, especially during emergency situations.					
2. Stabs and cuts from sharp objects, especially 1. Needle sticks 2. Cuts by blades					
3. Burns and scalds from contact with 1. Hot sterilizing equipment or hot water. 2. Steam pipes					
4. Electrical shock from faulty or improperly grounded equipment or equipment with faulty insulation.					
5. Injuries to legs and toes caused by falling objects e.g. medical instruments.					
6. Acute back pain from awkward body position or over exertion when handling patients.					
E. Cultural Hazards					
1. Tolerance of abuse from physicians					
2. Absence of respect from peers and other health care professionals.					

F. Mental Hazards					
G. Carpal tunnel syndromes					
I. Systemic Hazards					
2. With in last 1 month, 3 months and 12 month, while working in hospital do you ever suffered from injuries?					
Part	No	Yes			Life time
		1 Month	3 Months	12 Months	
1. Sprains and strains					
A. Shoulder & Upper arm					
B. B. Elbow & Forearm					
C. Wrist and Hand					
D. Hip and Thigh					
E. Knee and leg					
F. Ankle and foot					
G. Back injuries					
2. Fractures					
A. Shoulder & Upper arm					
B. Elbow & Forearm					
C. Wrist and Hand					
D. Hip and Thigh					
E.Knee and leg					
F.Ankle and foot					
G. Back injuries					
3. Dislocations					
A. Neck					

B. Shoulder & Upper arm					
C. Elbow & Forearm					
D. Wrist and Hand					
E. Hip and Thigh					
F. Knee and leg					
G. Ankle and foot					
H. Back injuries					
4. Burns					
5. Open wounds					
6. Superficial injuries					
7. Contusions					
8. Toxic effects of substances					
9. Any other					

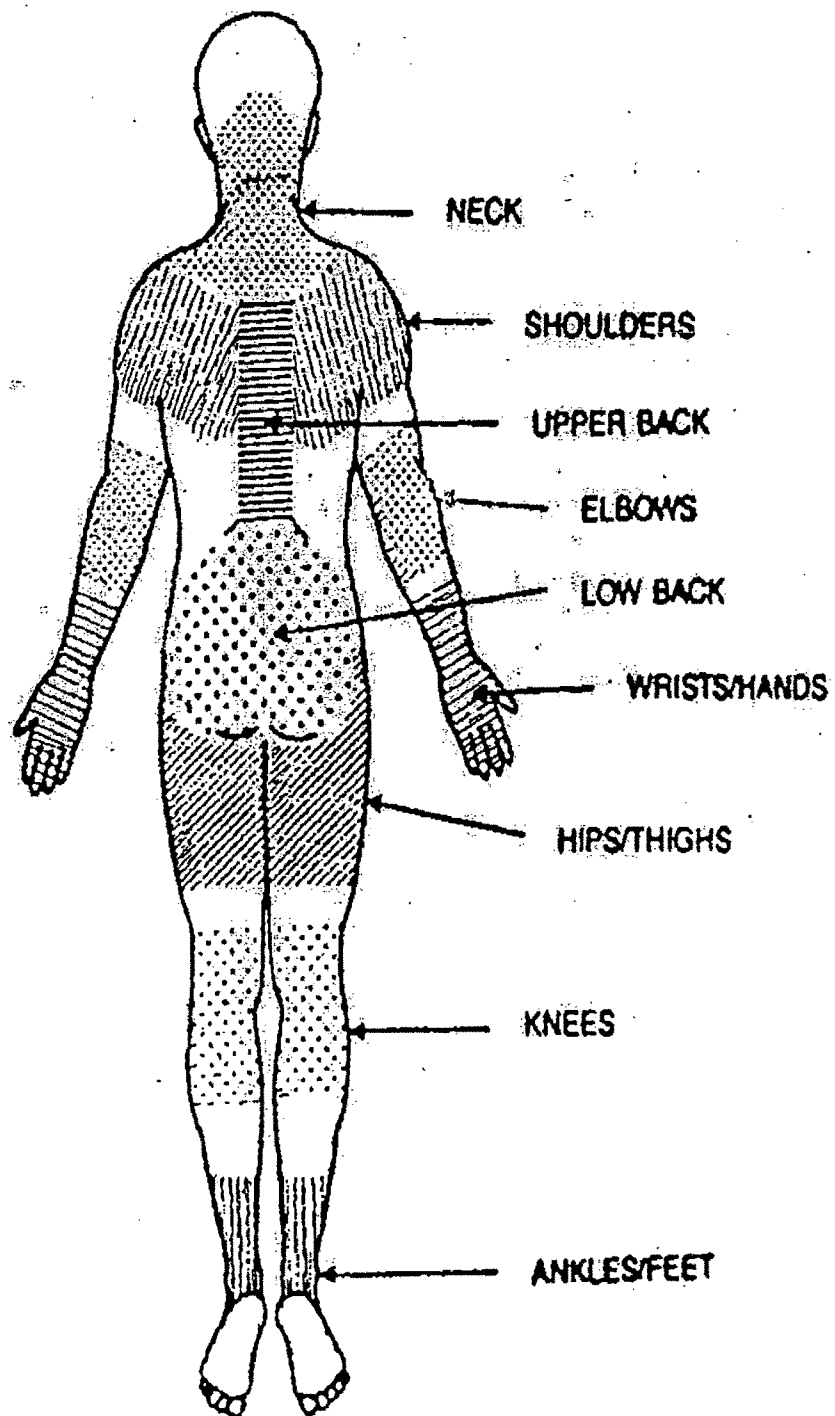
[illegible]

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Part 3:

Standardized Nordic Questionnaire for the analysis of musculoskeletal Symptoms

In this picture you can see the approximate position of the parts of the body referred to in the questionnaire. Limits are not sharply defined, and certain parts overlap. You should decide for yourself in which part you have or have had your trouble.



Answer by using the tick
One tick for each question



Have you at any time before 6 months but within 12 months had trouble (such as ache, pain, discomfort, numbness) in:	Have you at any time before 6 months had trouble (such as ache, pain, discomfort, numbness) in:	Have you had trouble during the last 7 days:	During last 12 months have you been prevented from carrying out normal activities (e.g. job, house work, hobbies) because of this trouble:
1. Neck No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	2. Neck No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	3. Neck No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	4. Neck No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>
5 Shoulders No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/> In the rt shoulder 3 <input type="checkbox"/> In the lt shoulder 4 <input type="checkbox"/> In both shoulders	6 Shoulders No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/> In the rt shoulder 3 <input type="checkbox"/> In the lt shoulder 4 <input type="checkbox"/> In both shoulders	7.Shoulders No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/> In the rt shoulder 3 <input type="checkbox"/> In the lt shoulder 4 <input type="checkbox"/> In both shoulders	8. Shoulders (Both\either) No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>
9. Elbow No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/> In the rt elbow 3 <input type="checkbox"/> In the lt elbow 4 <input type="checkbox"/> In both elbow	10. Elbow No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/> In the rt elbow 3 <input type="checkbox"/> In the lt elbow 4 <input type="checkbox"/> In both elbow	11. Elbow No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/> In the rt elbow 3 <input type="checkbox"/> In the lt elbow 4 <input type="checkbox"/> In both elbow	12. Elbow (Both\either) No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>
13. Wrists/hands No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/> In the rt wrist/hand 3 <input type="checkbox"/> In the lt wrist/hand 4 <input type="checkbox"/> In both wrist/hand	14. Wrists/hands No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/> In the rt wrist/hand 3 <input type="checkbox"/> In the lt wrist/hand 4 <input type="checkbox"/> In both wrist/hand	15. Wrists/hands No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/> In the rt wrist/hand 3 <input type="checkbox"/> In the lt wrist/hand 4 <input type="checkbox"/> In both wrist/hand	16. Wrists/hands (Both\either) No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>
17. Upper back No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	18.Upper back No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	19. Upper back No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	20. Upper back No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>

21. Lower back (small of the back) No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	22. Lower back No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	23. Lower back No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	24. Lower back No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>
25. One or Both hips/ Thighs/ Buttocks No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	26. Hips/ Thighs/ Buttocks No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	27. Hips/ Thighs/ Buttocks No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	28. Hips/ Thighs/ Buttocks No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>
29. One or both knees No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	30. Knees No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	31. Knees No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	32. Knees No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>
33. One or both ankles/feet No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	34. Ankles/feet No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	35. Ankles/feet No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>	36. Ankles/feet No Yes 1 <input type="checkbox"/> 2 <input type="checkbox"/>

Section 3: Psychological Cost of work

1. Work Stress Scale

Do you feel following stress?

S.NO	Statements	No Stress	A little Stress	A great deal of stress
	Factor 1 : Stress due to Time and Scheduling pattern			
1	Working under constant time pressures			
2	Long Working hour.			
3	A high level of responsibilities at shift work			
4	Working under night shifts			
5	Maintaining high level of concentration for long periods of standing and doing work			
6	Maintaining high level of concentration for long period, and with few breaks			
7	Running behind schedule			
8	Working quickly to do patient handling tasks			
9	Working quickly to do non-patient handling tasks			
10	Repetition of work for long working hours			
11	Working beyond the time schedule at the time of emergency			
12	Repetition of patients handling tasks			
13	Repetition of non-patients handling tasks			
	Factor 2: Stress due to Dealing with Patients			
1	A high level of responsibility towards patients			
2	Dealing with very sick and dying, patients			
3	Dealing with sick patients, especially when patients do not recover from the operation			
4	Exposure to severely traumatized patients			
5	Exposure to multiple victims of a disaster or catastrophic events.			
6	Exposure to severely violent patients			
7	Non cooperative nature of patients during their treatment			
8	Contact with sick patients especially accident victims and their relatives			
	Factor 3: Pay Related Stress			
1	Low pay scale in hospitals			
2	Inability to meet your own expenditures			
3	Inability to meet your own expectations and/or standards due to pay scale			
4	Not getting pay on time			
5	Conflicts between profit needs and professional ethics			

	Factor 4: Stress due to inter personal problem			
1	Interpersonal Problems with work colleagues			
2	Uncooperative nature of fellow workers at the tie of emergency in hospitals			
3	The workers in hospitals are courteous to one another			
4	Even though the staff members are friendly one need not help the other			
5	Staff related problems e.g. absenteeism, friction, etc			
6	Uncooperative nature of staff members at the time of teamwork			
7	Shortage of staff members			
	Factor 5: Stress due to technical Problem			
1	Unsatisfactory laboratory items and/or laboratory delays			
2	Equipment breakdown and defective materials			
3	Use of sophisticated equipments/instruments			
4	Non availability of equipments at the time of emergency			
5	Transferring of heavy equipments for patients use			
6	No knowledge of use of sophisticated equipment			
	Factor 6: Violence Problem			
1	Violence from patients in distress			
2	Abusive language use by patients due to frustration and anger arising out of illness and pain			
3	Violence from physically aggressive patients			
4	Verbal abuse from patients relatives friends etc during emergency			
5	Substance abuse by superiors			
6	Verbal abuse by staff members during team work			
7	Violence and substance abuse by patients with psychiatric disorders			

2. Job Satisfaction Scale

S. N.	Statements	Strongly Agree	Agree	Uncertain	Disagree	Strongly disagree
1	Work Autonomy					
1	I feel a sense of personal satisfaction when I do hospital work well.					
2	My opinion of myself goes down when I do my job badly.					
3	I take pride in doing the hospital work and serving people as well as I can					
4	I do not get along well with my colleagues during team work, while handling patients					
5	I am dissatisfied with job because my job tires me too much physically and it is not of my caliber.					
6	I try to think ways of doing my job effectively and do patient handling tasks as well as I can					
7	I am dissatisfied with job because hospital work keeps me always under stress.					
8	I get satisfaction of job because job is light in nature					
9	I am dissatisfied with relation with my "seniors, colleagues and subordinates" in hospital					
10	Hospital work gives me opportunity to express myself completely.					
11	My work does not require my creative ability at all.					
12	I feel that other jobs are more interesting than the work I am doing.					
13	The work I am doing is the best and I do not want to change my job for another.					
2	Work Schedule					
1	I am not happy at the job because I cannot do justice to household responsibility					
2	I feel dissatisfied with job					

	because I do not get domestic help for household tasks					
3	My work does not provide relief from household responsibilities.					
4	I do not get leisure time from hospital					
5	I get satisfaction of job because hospital work keeps me too busy that I cannot avail leave facility					
6	I am not satisfied with my work because it does not allow free time to spend with my family members					
7	I get satisfaction of job because it helps in brining up children in a better way.					
8	I cannot participate in family gatherings due to lack of time so I am dissatisfied					
9	I do not get satisfaction of job because I have to neglect my family and children due to this hospital work					
10	I am not satisfied with my job because I cannot cope up with dual responsibilities					
3	Work Environment					
1	I do not get satisfaction because I do not like this hospital work					
2	The nature of my job is monotonous					
3	I get satisfaction of job because the physical					
4	I get satisfaction of job because the physical environment of work place is very good					
5	I get satisfaction of job because I have adequate facilities at my work place					
4.	Occupational status					
1	I do not get satisfaction of job because it doesn't help me in raising my personal status					
2	I get satisfaction of job because it improves my					

	personal status in the society					
3	I get satisfaction of job because it helps me in having financial security					
4	I get satisfaction of job because job provides good leave facility					
5	I do not get satisfaction of job because it is not financially secured					
6	I do not get satisfaction of job because it does not help me in raising my standard of living					
7	I get satisfaction of job because it helps me in having financial security					
8	I get satisfaction of job because it helps me in raising the standard of living of family					
9	I get satisfaction of job because I get the satisfaction of holding dual responsibilities as wage earner					
10	I get satisfaction of job because it fulfills my economic status					
11	I get satisfaction of job because I get adequate salary					

✕ 3. Maslach Burnout Inventory (MBI)

	Statement	Never	A few times a year	Monthly	Few times a month	Every week	Few times a week	Every day
	Emotional Exhaustion/Depersonalization (EE+DP)							
1	I have become more callous toward people since I took this job							
2	I worry that this job is hardening me emotionally							
3	I feel frustrated by my job							
4	I feel burned out from my work							
5	I feel patients blame me for some of their problem							
6	Working with people directly puts too much stress on me							
7	Working with people all day is really a strain for me							
8	I feel like I am at the end of my rope							
9	I feel I treat some patients as if they were impersonal objects							
10	I do not really care what happens to some patients							
	Persons Accomplishment (PA)							
11	I feel exhilarated after working closely with my patients							
12	I have accomplished many worth while things in this job							
13	I can easily treat a relaxed atmosphere with my patients							
14	I deal very effectively with the problems of my patients							
15	I feel I am positively influencing other people's lives through my work							
16	In my work, I deal with							

	emotional problems very calmly							
17	I can easily understand how my patients feel about things							
18	I feel very energetic							
	Physical Exhaustion (PE)							
19	I feel used up at the end of the workday							
20	I feel emotionally drained from my work							
21	I feel fatigued when I get up in the morning and have to face another day on the job							
22	I feel I am working too hard on my job							

Section -4

Protocol

Physical fitness Index

Date:
Subject Name:
Subject Code:
Age:
Last meal time:

Body Weight:
Body height:
Body Temperature:
Blood pressure:
Time of Observation:

Height of Stool ergometer: 24 cm
Length of stool ergometer: 48 cm
Breadth of stool ergometer: 24 cm
Duration of stepping: 5 minutes

Time (min)	Resting heart rate	RPE	Working heart rate	RPE	Recovery heart rate	RPE	Fitness Score

* RPE – Rating of perceived exertion

Physical Fitness Index	
< 80	Poor
81- 100	Low average
101- 115	High average
116-135	Good
136-150	Very Good
>150	Excellent

Physical Fitness Index = $\frac{\text{Duration of stepping}}{\text{Sum of 1}^{\text{st}}, 2^{\text{nd}} \text{ and } 3^{\text{rd}} \text{ min recovery hear rate}}$

Observation Sheet –1

**Physiological cost of work in terms of postural stress while performing
selected activities in hospital**

S.no	Activities	Angle of Normal curve	Angle while performing activity	Angle of deviation
A	Patient handling tasks			
1	Lifting a patient from lying to sitting on bed			
2	Bed making with patient in it			
3	Dressing on bed			
B	Non patient handling tasks			
1	Bed making			
2	Pulling equipments			
3	Moving furniture			

Observation Sheet –2

Physiological cost of work in terms of Heart rate (beats/min) while performing selected activities in hospital

S.no	Activities	Before activity heart rate (beats/ min)	During activity heart rate (beats/min)	After activity heart rate (beats/min)
A	Patient handling tasks			
1	Lifting a patient from lying to sitting on bed			
2	Bed making with patient in it			
3	Dressing on bed			
B	Non patient handling tasks			
1	Bed making			
2	Pulling equipments			
3	Moving furniture			

Observation Sheet –3

Physiological cost of work in terms of Energy expenditure (KJ) while performing selected activities in hospital

S.no	Activities	Before activity energy expenditure (KJ)	During activity energy expenditure (KJ)	After activity energy expenditure (KJ)
A	Patient handling tasks			
1	Lifting a patient from lying to sitting on bed			
2	Bed making with patient in it			
3	Dressing on bed			
B	Non patient handling tasks			
1	Bed making			
2	Pulling equipments			
3	Moving furniture			

Observation Sheet –4

**Physiological cost of work in terms of total cardiac cost of work (beats)
while performing selected activities in hospital**

S.no	Activities	Before activity TCCW (beats)	During activity TCCW (beats)	After activity TCCW (beats)
A	Patient handling tasks			
1	Lifting a patient from lying to sitting on bed			
2	Bed making with patient in it			
3	Dressing on bed			
B	Non patient handling tasks			
1	Bed making			
2	Pulling equipments			
3	Moving furniture			

Recording Sheet- 1
Anthropometric Measurements

S.no	Anthropometric measurements	Min.	Max.	Mean	S.D	Percentile		
						.05	5 th	95 th
1	Height (cm)							
2	Eye height (cm)							
3	Shoulder height (cm)							
4	Elbow height (cm)							
5	Grip Inside diameter (cm)							
6	Trunk length (cm)							
7	Popliteal height (cm)							
8	Knee height (cm)							
9	Hand length (cm)							
10	Palm length (cm)							
11	Elbow to elbow breadth (cm)							
12	Elbow to wrist length (cm)							
13	Standing wrist length (cm)							

Recording sheet -2
Hospital Equipments/ Furniture

S.no	Hospital equipments/furniture	Length (cm)	Height (cm)	Width (cm)	Circumference (cm)
1	Bed				
2	Bed side lockers				
3	Stretcher (with stand)				
4	Stretcher (with out stand)				
5	Wheel chair				
6	Table				
7	Chair				
8	Foot step				
9	I.V set stand				
10	Operation table				
11	Drug trolley				