

MouseKeyDo® EVALUATION FORM

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This survey is being conducted to evaluate the effectiveness of MouseKeyDo® training program that you participated in to prevent and relieve upper extremity discomfort associated with mouse and keyboard work. Your name will be kept confidential. The information is intended for educational purposes, as we are interested in continuing to develop strategies for improving our training methods. Please return the survey to your MouseKeyDo® provider.

Name: _____

Job Title: _____ Right Hand/Left Hand (circle)

MouseKeyDo® Provider: _____ Date: _____

1. On the average how many hours do you work in the computer keyboard and mouse each day? Please indicate both work _____ hours/day and home use _____ hours/day.
2. With regard to your pain associated with keyboard and/or mouse work only, would you say that your pain is the same, more or less (circle) then before taking the training program?
3. Pain intensity and frequency: Using the following scale indicate intensity of pain and frequency of pain before (B) and after (A) training for each body part in questions 3a and 3b.

<u>Intensity of pain: Scale</u>	<u>Frequency of pain:</u>	<u>Scale</u>
0-2 Minimum		0% Never
3-4 Slight		25% Occasionally
5-7 Moderate		50% Intermittent
8-10 Severe		75% Frequent
		100% Constant

3a. Please rate the intensity of pain/symptoms during a typical workday at the computer keyboard, mouse and laptop. Use the numerical scale 0-10 with: 0 = no discomfort and 10 = unbearable discomfort.

Intensity: 0-10	Neck	Shoulder	Elbow	Forearm	Wrist	Thumb	Finger(s)
Before							
After							

3b. Please rate the frequency of pain/symptoms during a typical workday at the computer keyboard, mouse, laptop for each body part. [before (B) and after (A)]

Frequency:	Neck	Shoulder	Elbow	Forearm	Wrist	Thumb	Finger(s)
0%							
25%							
50%							
75%							
100%							

4. Please rate how effective each aspect of the MouseKeyDo® training program was in helping you to (A) understand your discomfort and (B) change to more comfortable work habits associated with keyboard and/or mouse use. (1 = poor, 5 = excellent, NA = not applicable)

	(A) understand your discomfort (circle)	(B) change to more comfortable work habits (circle)
1) Group training with provider	1 2 3 4 5 NA	1 2 3 4 5 NA
2) Individual training with provider	1 2 3 4 5 NA	1 2 3 4 5 NA
3) MouseKeyDo® training manual	1 2 3 4 5 NA	1 2 3 4 5 NA
4) MouseKeyDo® CD-ROM	1 2 3 4 5 NA	1 2 3 4 5 NA

5. To what extent do you agree with the statements below?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The provider was knowledgeable about the topic:					
The provider was clear and easy to understand:					
The provider encouraged employee views:					
The provider used relevant examples:					
The training manual was clear and useful:					
The training is valuable for my job:					
The training is valuable for my general well being:					
The provider's follow up was important:					

6. Please list the most valuable aspects of the MouseKeyDo® training program:

7. Please list any aspects of the MouseKeyDo® training program that you liked the least.

8. Are there any additional topics you would like to have seen covered? We appreciate your honest criticism and recommendations on how to make this program more effective.

9. Please rate your satisfaction with the overall program: (check)

_____ Satisfied without reservation.
_____ Satisfied with reservation.
_____ Not satisfied.

10. Should this MouseKeyDo® training program be required, recommended, optional or not taken (circle) by other employees to prevent or treat computer keyboard and/or mouse related injuries?

Comments: _____

11. Function/Productivity (Please indicate increased, decreased or same compared to prior keyboarding)

_____ Speed, compared to prior keyboarding (per cent)
_____ Accuracy, number of mistakes (per cent)
_____ Endurance (length of time to work on a computer (hours, minutes)
_____ Enjoyment, enjoy mousing and keyboarding (yes or no)
_____ Practice, each day, occasionally or not at all

12. If you feel this would be a valuable program at your worksite, please leave us a contact name and phone number.

Name: _____ Phone: _____

Thank you, we appreciate your assistance.