

Self-administered questionnaire – vibrations (QAAV)¹

Instructions

For each of the following questions, please check the appropriate box. It is important to answer all questions. If you are unsure of the answer, check “No”.

1. How many years have you been exposed to vibrating tools in all of your jobs? For example: grinder, drill, chainsaw, impact wrench, etc.	<input type="text"/> years
2. Do one or more of your fingers turn white when you are exposed to cold, wind, or humidity, or when you touch a cold object? See photo.	Yes <input type="checkbox"/> No <input type="checkbox"/> 
3. Except for episodes of white fingers, do you experience tingling, numbness, or pins and needles in your fingers or hands?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you noticed a loss of strength in your fingers/hands/ wrist when picking up, squeezing, or holding objects?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Do you have difficulties with grasping, moving, and controlling objects with precision? For example: buttoning a shirt or handling small objects like putting on fishing tackle.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Do you have pain or stiffness in the joints of your fingers, wrist, elbow, or shoulder?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered “Yes” to any of these questions, your tools at work could be the cause of your symptoms. Please do not hesitate to contact your local occupational health team.

To join your occupational team
<https://santeautravail.qc.ca/Accueil>

¹ Source: Turcot, A., Baillargeon, M., Denis, G., Bergeron, J.P. et coll. (2023). Démarche clinique auprès des travailleurs exposés aux vibrations main-bras, Réseau de santé publique en santé au travail.

