

## SAMPLE LIFT TEAM SURVEY QUESTIONNAIRE

1. How many times per week are you called upon to perform a patient lift?

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2. How many times per week are you called upon to reposition or move a patient who is in a bed?

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3. How many times per week are you called upon to reposition or move a patient who is in a chair?

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4. Are all patients in your unit evaluated to determine:

- Their ability to move alone Y\_\_\_ N\_\_\_
- Their ability to move with assistance Y\_\_\_ N\_\_\_
- Their willingness to be cooperative when being moved Y\_\_\_ N\_\_\_

5. What percentage of patients on your unit are obese (20% above expected body weight)?

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6. Is there equipment available to assist you in lifting/moving patients? Y\_\_\_ N\_\_\_

7. If yes, have you been educated on the use of this equipment? Y\_\_\_ N\_\_\_

8. Have you received training on the topic of ergonomic injuries? Y\_\_\_ N\_\_\_

9. If yes, when did you receive this training?

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10. Are you able/willing to participate as a member of a lift team? Y\_\_\_ N\_\_\_

11. Would a lift team would be useful to you and the patients on your unit? Y\_\_\_ N\_\_\_

If no, please explain why a lift team would not be useful to you or to the patients.

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