Exercise and Work-Related Musculoskeletal Disorders in Urologists

You are invited to participate in a research study conducted by Urology Division at Baylor Scott & White Health. The purpose of this study is to evaluate the relationship between surgical workload, physical activity, and musculoskeletal discomfort among urologists. Your participation will help improve understanding of occupational health risks and challenges in urological surgery practice.

Participation is voluntary and anonymous. The questionnaire takes approximately 5-10 minutes to complete. No personal identifiers will be collected, and your responses will remain completely confidential. By completing the survey, you indicate your consent to participate.

If you have any questions about the study, please contact the research team principal investigator Dr. Marawan El Tayeb (Marawan.ElTayeb@BSWHealth.org).
For questions about your rights as a research participant, privacy, or the human subject protection program, you may contact the Baylor Scott & White Institutional Review Board (IRB) at 254-215-9697.

Thank you for taking the time to contribute to this important research

Gender	◯ Male ◯ Female
Age	_____
Height(feet)	_____
Height(inches)	_____
Weight(lbs)	_____ (Your weight in lbs)
Hand dominance	◯ Right ◯ Left

Since which year have you been doing this job?

◯ 2025	◯ 2024	◯ 2023
◯ 2022	◯ 2021	◯ 2020
◯ 2019	◯ 2018	◯ 2017
◯ 2016	◯ 2015	◯ 2014
◯ 2013	◯ 2012	◯ 2011
◯ 2010	◯ 2009	◯ 2008
◯ 2007	◯ 2006	◯ 2005
◯ 2004	◯ 2003	◯ 2002
◯ 2001	◯ 2000	◯ 1999
◯ 1998	◯ 1997	◯ 1996
◯ 1995	◯ 1994	◯ 1993
◯ 1992	◯ 1991	◯ 1990
◯ 1989	◯ 1988	◯ 1987
◯ 1986	◯ 1985	◯ 1984
◯ 1983	◯ 1982	◯ 1981
◯ 1980	◯ 1979	◯ 1978
◯ 1977	◯ 1976	◯ 1975
◯ 1974	◯ 1973	◯ 1972
◯ 1971	◯ 1970	

How many hours do you work every week?

_____

Please rank the types of surgery you perform from most to least common (Open, Endoscopic, Laparoscopic, Robotic).
Select only the procedures you perform. Leave Rank 2-4 blank if you do not perform additional surgery types.

	open	Laparoscopic	Endoscopic	Robotic
rank 1 (Most commonly performed)	◯	◯	◯	◯
rank 2 (Second most commonly performed)	◯	◯	◯	◯
rank3 (Third most commonly performed)	◯	◯	◯	◯
rank 4 (Least commonly performed)	◯	◯	◯	◯

What percentage of your working time is spent in the OR ? (The rest will be considered as working in the clinic setting)

_____

What is the percentage of your surgeries are performed with wearing X-Ray shield ?

_____

Do you take breaks during the surgery?

◯ Yes
◯ No

Do you do any pre- or post-op stretching?

◯ Yes
◯ No

How many days do you do Strength / resistance training per week (weightlifting, machines, bands, bodyweight):

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7

strength session duration:

_____
(in minutes)

How many days do you do Flexibility / mobility work (stretching, yoga) per week?

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7

Flexibility/Yoga session duration:

_____
(in minutes)

How many days do you do Aerobic exercise per week (running, cycling, or swimming)?

◯ 0
◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7

Aerobic session duration

_____
(in minutes)

In this picture you can see the approximate position of the parts of the body referred to in the table. Limits are not sharply defined, and certain parts overlap. You should decide for yourself in which part you have or had your trouble (if any). You may be in doubt as to how to answer, but please do your best anyway.

Have you at any time during the last 12 months had trouble (ache, pain, discomfort, numbness) in:

Neck:

◯ YES
◯ NO

Have you at any time during the last 12 months been prevented from doing your normal work(at work or at home) because of the trouble?

◯ YES
◯ NO

Was the pain persistent (lasting more than 3 months) or recurrent?

◯ YES
◯ NO

Right shoulder	◯ YES ◯ NO
Have you at any time during the last 12 months been prevented from doing your normal work(at work or at home) because of the trouble?	◯ YES ◯ NO
Was the pain persistent (lasting more than 3 months) or recurrent?	◯ YES ◯ NO
Left shoulder	◯ YES ◯ NO
Have you at any time during the last 12 months been prevented from doing your normal work(at work or at home) because of the trouble?	◯ YES ◯ NO
Was the pain persistent (lasting more than 3 months) or recurrent?	◯ YES ◯ NO
Right elbow	◯ YES ◯ NO
Have you at any time during the last 12 months been prevented from doing your normal work(at work or at home) because of the trouble?	◯ YES ◯ NO
Was the pain persistent (lasting more than 3 months) or recurrent?	◯ YES ◯ NO
Left elbow	◯ YES ◯ NO
Have you at any time during the last 12 months been prevented from doing your normal work(at work or at home) because of the trouble?	◯ YES ◯ NO
Was the pain persistent (lasting more than 3 months) or recurrent?	◯ YES ◯ NO
Right wrist/hand	◯ YES ◯ NO
Have you at any time during the last 12 months been prevented from doing your normal work(at work or at home) because of the trouble?	◯ YES ◯ NO
Was the pain persistent (lasting more than 3 months) or recurrent?	◯ YES ◯ NO
Left wrist/hand	◯ YES ◯ NO
Have you at any time during the last 12 months been prevented from doing your normal work(at work or at home) because of the trouble?	◯ YES ◯ NO

Was the pain persistent (lasting more than 3 months) or recurrent?	◯ YES ◯ NO
Upper back	◯ YES ◯ NO
Have you at any time during the last 12 months been prevented from doing your normal work(at work or at home) because of the trouble?	◯ YES ◯ NO
Was the pain persistent (lasting more than 3 months) or recurrent?	◯ YES ◯ NO
Lower back	◯ YES ◯ NO
Have you at any time during the last 12 months been prevented from doing your normal work(at work or at home) because of the trouble?	◯ YES ◯ NO
Was the pain persistent (lasting more than 3 months) or recurrent?	◯ YES ◯ NO
one or both hips/Thighs	◯ YES ◯ NO
Have you at any time during the last 12 months been prevented from doing your normal work(at work or at home) because of the trouble?	◯ YES ◯ NO
Was the pain persistent (lasting more than 3 months) or recurrent?	◯ YES ◯ NO
one or both knees	◯ YES ◯ NO
Have you at any time during the last 12 months been prevented from doing your normal work(at work or at home) because of the trouble?	◯ YES ◯ NO
Was the pain persistent (lasting more than 3 months) or recurrent?	◯ YES ◯ NO
one or both ankles/feet	◯ YES ◯ NO
Have you at any time during the last 12 months been prevented from doing your normal work(at work or at home) because of the trouble?	◯ YES ◯ NO
Was the pain persistent (lasting more than 3 months) or recurrent?	◯ YES ◯ NO