Worksheet 1: Comfort Assessment

Participant Information:

• Name:

•	Shovel Type (A, B, C, D, E, F, G, H, I, J, K, L, M, N):	
•	Forks Type (A, B, C, D, E, F, G, H, I, J, K, L):	
•	Task Description (e.g., lifting straw into a wheelbarrow):	
Comfo	rt Evaluation:	
1. Wed	On a scale from 1 to 10, rate the overall comfort of using the shovel (1 being extremely uncomfortable, 10 being extremely comfortable). Rating: Rating: Reference of the shovel (1 being extremely comfortable).	
solt.	Were there any specific discomfort points while using the shovel or forks? Please describe. I del not care for having a period for hardle of P FI made sping to be 104 at 18	
3.	Did you experience any discomfort in your names, wrists, arms, or body? If yes, please	
4.	Were there any features of the shovel that contributed to or alleviated discomfort? (e.g., grip design, curvature) Long - godleverage for noc / height	
5.	How would you suggest improving the comfort of this shovel for your body type or specific	
	more padding on the grip	
Worksheet 2: Control Assessment		
Contro	d Evaluation: Rubett	
1.	On a scale from 1 to 10, rate your perceived level of control while using the shovel or fork (1 being very little control, 10 being complete control). Prefer the fork for the Rating: Shover Rake task for control	
	Did you feel that the shovel allowed you to maintain control over the load (e.g., manure and straw mixture)? Please explain. Not well - the Scoop wasn't deep enough to had without	
3.	Were there any instances where you felt the shovel's design hindered your control over the task? Yes-handle too Straight w/ Shovel - Couldair	
	Keep the Scoop level enough when lifting to	
	Nota the Straw	
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4. Were there specific design features of the shovel that positively or negatively impacted your control (e.g., grip shape, length)?	
5. How would you recommend enhancing control when using this shovel for your body type or specific task? There and e of 5000	
Worksheet 3: Perceived Exertion Assessment	
Perceived Exertion Evaluation:	
 1. On a scale from 1 to 10, rate your perceived level of physical exertion while using the shovel or forks (1 being very little exertion, 10 being extremely exerting). Rating:	
2. Were there specific moments during the task when you felt exertion was higher or lower? Please describe these moments. () A Leanier ()	
3. Did the shovel design affect your perceived exertion levels (positively of negatively):	
4. Were there any physical areas (e.g., back, arms, wrists) where you felt increased exertion or strain? Please specify. Landle was hore in my arms 4. Were there any physical areas (e.g., back, arms, wrists) where you felt increased exertion or strain? Please specify. Lock when lean's forward for Short handles back when lean's forward for Short handles 5. How do you think the design of the shovel or forks could be modified to reduce perceived	
exertion for your body type or specific task?	
Notsure	

Ensure that participants complete these worksheets after using each shovel or fork type for the designated tasks. This feedback will be valuable for the research in evaluating the ergonomic efficiency of the shovels and making recommendations for improvements.