

**Ergonomic Questionnaire**

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| --- | --- |
| **Name:** |  |
| **Department:** |  |
| **Office/Workstation Location:** |  |
| **Email:** |  |
| **Phone Extension:** |  |

**Do you have concerns you would like to have addressed? Or would like to check to make sure you’re set up properly?** Choose an item.

**Are there changes/adjustments that you think will help you?** Yes  No

**Workstation component(s) you would like to have evaluated**

Chair

Keyboard/Mouse

Computer Monitor

Telephone

|  |
| --- |
|  |

Other:

**Have you been trained how to adjust your chair to its proper position?**  Yes  No

**If no, would you like training on the adjustments?**  Yes  No

**Indicate number of hours you spend each day doing the following tasks**

***(\*Total hours may exceed hours worked in a day as you can perform some of these tasks simultaneously)***

Computer use: Choose an item.

Phone use: Choose an item.

Sitting: Choose an item.

Standing: Choose an item.

Lifting/bending/twisting: Choose an item.

**Do you take routine breaks throughout the day? (rest eyes every twenty minutes, stand up every hour)**

Choose an item.

**Do you refer to paper documents while working on the computer? If so, do you use a document holder?**

Yes, and use document holder

Yes, but do not use document holder

No, do not refer to documents while completing computer work

**Eyewear**

None  Standard Glasses

Contacts  Bifocals/Trifocals

**Do you experience any of the following?**

Dry eyes  Eyestrain

Watery eyes  Blurred Vision

Headaches  Itchy eyes

**During the last work week, how frequent was your discomfort?**

Choose an item.

**Indicate areas and levels of discomfort (1 = no pain, 5 = increased pain)**

Neck/Shoulders:  1  2  3  4  5

Mid back:  1  2  3  4  5

Lower back:  1  2  3  4  5

Elbow(s):  1  2  3  4  5

Wrist(s)/hand(s):  1  2  3  4  5

Hip(s):  1  2  3  4  5

Legs(s):  1  2  3  4  5

Knee(s):  1  2  3  4  5

Foot/Ankle(s)  1  2  3  4  5

**During the last work week, how frequent was your discomfort?**

Choose an item.

**Laptop Usage:**

Laptop used for work:  Yes  No

If yes, laptop stand used:  Yes  No

If yes, external keyboard/mouse used:  Yes  No

**Additional Comments/Concerns:**