

OFFICE ERGONOMIC QUESTIONNAIRE

Employee Name: _____ **Department:** _____

Location: Room _____, Building _____ **Date:** _____

Ergonomic Overview - Please complete this office ergonomic questionnaire before your scheduled evaluation. Prior to your individual on-site ergonomic evaluation, the EH&S representative will:

- 1) Explain neutral position concept and practical application.
- 2) Offer recommendations that have been very successful in the past with similar workstation and job tasks - need to pick and choose for personal use.
- 3) Recommend micro-breaks (10 minutes) every 45-50 minutes of intense keyboard or mouse PC work. During micro-breaks, suggest standing up, moving around (restroom, water/coffee, meeting, etc.), re-focus eyes on distant objects, and doing several exercises to reduce fatigue (wrist, shoulder, and neck extension/roll).
- 4) Explain static/stationary fatigue concept and recommended use of a wide variety of sitting positions throughout the workday to help reduce it.

List of Current Ergonomic Tools/Furniture - Chair Adj. ___ or Non-Adj. ___, (Adj. Armrests)___; Desk Type _____; Soft Keyboard and Mouse Wristrests ___; Adj. Keyboard and Mouse tray ___; Monitor Risers ___; Non-Adj. keyboard/mouse tray ___; Footrest ___; Headset _____; Other _____.

Brief Job Task Description - Works on PC ___ hours a day requiring ___% keyboard and ___% mouse work. Intensive telephone or filing work _____. #Hrs. on job _____. Current job ___ yr. Past job w/PC ___ yr. Bifocals _____. Other _____.

Employee Input (health complaints/workstation improvements) - Chronic Pain: ___wrist; ___hand; ___shoulder; ___foot; ___back; ___neck; ___arm; ___eye. Other _____.
Past health issues _____. Repetitive hobby/activity (___home PC work, ___piano, ___knit, ___tennis, ___racquetball, _____other). Suggested improvement _____.