Pre-Evaluation Ergonomic Questionnaire

1. Workstation component you would like to have evaluated:
   - Chair Seat
   - Chair Back
   - Chair Armrests
   - Keyboard/Mouse
   - Desk
   - Computer Monitor
   - Telephone
   - Handheld Tool
   - Other: ___________________________

2. Look around your workstation and recall daily activities. Check all that apply.
   - Your workstation is an office
   - Your workstation is not an office
     - Describe your workstation:
       ____________________________________________________________
   - Your workstation is not well-lit
   - Your workstation is not climate-controlled
   - You currently use a sit-stand or stand-biased desk
   - You spend most of the day typing
   - Your job requires that you lift heavy loads regularly
   - Your job requires that you perform the same repetitive motion for most of the day
   - Your job requires bending, crouching, or stooping repeatedly or for prolonged periods
   - Your job requires repetitive or prolonged reaching above your shoulders

3. Briefly describe the work-related duties performed using the selected component(s) and daily activities. (Note: Please DO NOT include any medical issues or diagnoses.)
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

If you have any questions, click here to contact an ergonomics specialist.