

name: _____
company: _____
survey date: _____

supervisor's name: _____
supervisor's title: _____

Pre-assessment survey (All information on this page was provided by the employee.)

Please complete this survey at least a day before your assessment. You may need to consider the survey questions while you work for a few days. The survey should take you about 15 minutes to complete; finishing it in advance allows the ergonomist to complete your assessment within 90 minutes.

Note that this survey becomes part of your report, so please do not disclose information that you do not wish to share with your supervisor, Human Resources, and your office health and safety committee. You may speak privately with the ergonomist during the assessment.

This questionnaire is NOT a report of injury. If you have a work-related injury, you must report it to your supervisor.

What is your main job responsibility?

How tall are you?

What is your hand dominance?

Left ☐ Right ☐

Do you work at a shared workstation? Yes ☐ No ☐

Describe any recent changes to workstation or equipment:

Why was this assessment was requested?

For each body part, indicate how often you experience discomfort, and how severe it is, and let us know what causes it to be worse.

Body part

			Frequency				Severity			What aggravates your discomfort?
			Never	Occasional	Often	Almost always	Slight	Moderate	Severe	
<i>example</i>										<i>Example: working in programs that require keyboard shortcuts (ctrl-x, alt-tab)</i>
Headaches										
Eyes										
Neck										
Upper back										
Lower back										
Shoulders	L <input type="checkbox"/>	R <input type="checkbox"/>								
Elbows	L <input type="checkbox"/>	R <input type="checkbox"/>								
Forearms	L <input type="checkbox"/>	R <input type="checkbox"/>								
Wrists/hands	L <input type="checkbox"/>	R <input type="checkbox"/>								
Hips/thighs	L <input type="checkbox"/>	R <input type="checkbox"/>								
Knees/feet	L <input type="checkbox"/>	R <input type="checkbox"/>								

Vision

What type of corrective lenses do you wear? None ☐ Reading ☐ Driving ☐ Bi-focal/tri-focal/progressive ☐

If you wear bifocals, tri-focals, or progressives, which part of the lens brings your screen into focus? Bottom ☐ Middle ☐

When was your most recent eye exam?

Working hours and breaks

Typical working hours I start work at: I leave work at: Total time at work:

Where do you most often take lunch? Walking ☐ Lunch room ☐ Home ☐ At desk ☐ Other ☐

How many short breaks do you take? Where do you most often take breaks? Walking ☐ Lunch room ☐ At desk ☐ Other ☐

How long do you usually sit, before standing up? If your job includes standing, how long do you usually stand, before sitting down?

How do you spend your work day?	Total estimated daily time (Should add up to your shift length.)	Which tasks could you perform while standing? (at current desk)
Paper tasks/reading (NOT using computer)		<input type="checkbox"/>
Meetings (formal and informal)		<input type="checkbox"/>
Away from workstation (filing, sorting, copying):		<input type="checkbox"/>
Using handheld devices (cellphone, tablet):		<input type="checkbox"/>
On the phone (but NOT using computer):		<input type="checkbox"/>
Other work duties		<input type="checkbox"/>
Lunch and breaks		<input type="checkbox"/>
Using the computer (may include paper/phone)		

Do you use the keyboard's number pad?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Occasionally <input type="checkbox"/>
Do you use short-cuts (e.g. ctrl-s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Occasionally <input type="checkbox"/>
Do you use the phone and computer at the same time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Occasionally <input type="checkbox"/>
If yes, do you use a headset?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Occasionally <input type="checkbox"/>
Do you use paper, while working at the computer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Occasionally <input type="checkbox"/>
What computer software do you use most?			

Other work-related activities

Do you travel for work (not including your commute): Yes ☐ No ☐ Occasionally ☐

 If yes, approximately how many km per month do you drive?

 If yes, approximately how many days per month do you spend away from your office?

Do you use a laptop? Yes ☐ No ☐ Occasionally ☐

 If yes, how many days per week do you carry it home?

 How do you transport it? backpack ☐ wheeled bag ☐ shoulder bag ☐

 Away from the office, you use external mouse ☐ external keyboard ☐ monitor(s) ☐

What other questions/concerns do you have for the ergonomist?

Sign and send

Important notes:

1. On the day of your assessment, please wear **shoes with the lowest heel height** that you would typically wear at work.
2. Be prepared to **dedicate yourself to the assessment process for up to 90 minutes**. Please arrange for someone else to cover your regular duties if necessary.

What should you expect during your assessment? The ergonomist will:

1. Review your survey results with you.
2. Take about fifteen minutes to observe you while you work, measuring key heights and reaches, taking photographs of you in your work station, and looking for constraints on your working postures.
3. Assess the measured dimensions and observations against ergonomics guidelines, to guide his/her recommendations.
4. Help you to make any adjustments possible to your chair and workstation.
5. Review the results and recommendations with you.

What happens after the assessment?

1. The ergonomist may need a place to set up a laptop. S/he usually completes a draft report on the same day, and submits it for peer review. S/he issues the final report, within 1-2 weeks. The person who brought us into the facility shares the report with you and your supervisor.
2. Two weeks after the recommendations have been implemented, you should complete and submit a follow up survey (included in report). The ergonomist reviews the survey and contacts you to discuss outstanding concerns.