

## Follow up survey (All information on this page was provided by the employee.)

About two weeks after your adjustments and purchases have been made, please complete this survey, and obtain the photos requested at the bottom of the page. If you are still waiting for some of the recommendations to be implemented two months after your assessment, please contact your supervisor. Please fill out this survey no later than 5 months after your assessment.

Email the completed survey and your photos to info@taylorordergo.com. An ergonomist will review your survey, contact you to discuss questions or concerns, and may recommend next steps. We still want to hear from you, even if you have no outstanding concerns.

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

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.			Frequency				Severity			What aggravates your discomfort?
			Never	Occasional	Often	Almost always	Slight	Moderate	Severe	
<b>Body part</b>										
<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	R								
Wrists/hands	L	R								
Hips/thighs	L <input type="checkbox"/>	R <input type="checkbox"/>								
Knees/feet	L <input type="checkbox"/>	R <input type="checkbox"/>								

1. Your workstation may have changed due to recommendations made during the assessment.  
Aside from these changes, has anything else changed? (e.g. bigger monitors, new glasses) Yes No If yes, please describe:
2. Has the proportion of your time spent on the computer vs. phone vs. paperwork significantly changed since your original assessment? (e.g. now spending 4 hrs/day completing data entry)  
 Yes No If yes, how has this changed?
3. Were all of the recommendations in the report implemented? Yes No If not, which recommendations are still outstanding?
4. Do you have any comments or questions for the ergonomist?

1. Please send us a photograph of you at your workstation, from a side view. In the photo, you should be sitting with your feet on the floor or on the footrest that you use, your hands should be on the keyboard/mouse, and you should be looking at the screen.

2. If the photo doesn't show your feet, hands, the top of your head, and your screen(s), take two photos: one to show your lower body (floor to waist) and one to show your upper body (hips to head, including the screens).

Tips: Ask someone to take the photos for you, or put the camera beside you on a chair or table about 6 feet (2 meters) away.

3. You may also send photos to help us understand the comments or questions that you described above.

Please email the photos with your survey to info@taylorordergo.com, and cc your supervisor, as we may need to discuss your concerns with him or her. The ergonomist will respond to your survey within 1-2 weeks.

Thank you for taking the time to complete this follow up survey!

**SIGN and SEND**