



DISPLAY SCREEN WORKSTATION ASSESSMENT QUESTIONNAIRE

Name

Date of Birth:

Job Title

Address

Contact No:

Section 1: How you use your computer

Q1: How do you use your computer?

- I am a touch typist
- I look at the screen mostly when typing
- I look at keyboard mostly when typing

Q2: Roughly what % of your working time do you spend using a computer?

Please enter a number from 0-100%

Q3: How intensively do you use your keyboard and screen?

- High (e.g. high speed data or text input)
- Medium (e.g. part input, part reading)
- Low (e.g. intermittent usage)

Q4: Do you use your computer for continuous spells of 1 hour or more?

- Yes
- No

Q5: Do you do this daily?

- Yes
- No

Q6: Do you have to achieve work targets that depend on the use of your computer?

- Yes
- No

Q7: Do you typically have discretion as to when you carry out tasks requiring the use of your computer?

- Yes
- No

Section 2: Your Keyboard and Mouse

Q8: Is your keyboard separate from the screen?

- Yes
- No

Q9: Are the characters on the keys legible?

- Yes
- No

Q10: Do you have enough space to rest your hands when not using the keyboard?

- Yes
- No

Q11: Can your keyboard be tilted?

- Yes
- No

Q12: Does your mouse cursor move easily and smoothly around the screen when you operate the mouse?

- Yes
- No

Section 3: Your Chair

Q13: Does your chair have a five point base (e.g. five castors)?

- Yes
- No

Q14: Is your chair fitted with castors?

- Yes
- No

Q15: Does your chair move easily across the floor surface?

- Yes
- No



DISPLAY SCREEN WORKSTATION ASSESSMENT QUESTIONNAIRE

Q16: Can you adjust the height of the seat of your chair?

- Yes
 No

Q17: Can you adjust the height of the backrest?

- Yes
 No

Q18: Can you adjust the angle of the backrest?

- Yes
 No

Q19: When seated with your back supported by the backrest is there a gap between the front edge of the seat and the back of your legs?

- Yes
 No

Q20: Does your chair have armrests and if so do they get in the way?

- Chair does not have armrests
 Chair has armrests but they do not get in the way
 Chair has armrests which get in the way

Q21: Are there any problems with your chair

(e.g. state of repair, size, tension of rocking mechanism?)

Q22: When sitting at your workstation (with your forearms horizontal and hands just above the keyboard), can your feet rest flat on the floor?

- Yes
 No

Q23: If No to 22 – Do you have a footrest?

- Yes
 No

Section 4: Your Desk

Q24: Is the surface of your desk large enough for your computer to be positioned properly and satisfactorily for your needs?

- Yes
 No

Q25: Do you have enough space on your desk for any other work activities that you perform?

- Yes
 No

Q26: Is the height of your desk right?

- Yes
 No its too high
 No its too low

Q27: Do you get light reflections from the surface of your desk?

- Yes
 No

Section 5: Your Screen

Q28: Does your screen have sufficient brightness and contrast adjustment controls?

- Yes
 No

Q29: Does your screen swivel and tilt?

- Yes
 No

Q30: Is your screen's image stable and flicker free?

- Yes
 No

Q31: Is your screen at a comfortable height?

- Yes
 No

Q32: Do you get reflections on your screen?

- Never
 Occasionally
 Always

Q33: Is your monitor free from dust and fingerprints?

- Yes
 No

Q34: Do you use any other data input devices other than a keyboard and mouse?

- Yes
 No



DISPLAY SCREEN WORKSTATION ASSESSMENT QUESTIONNAIRE

Q35: Do you ever have to copy type from documents? If yes, do you use a document holder?

- | | |
|------------------------------|------------------------------|
| Copy type | Document holder |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No |

Q36: Is your screen at a comfortable distance from you so that you can read it clearly while sitting with your lower back fully supported by your chair?

- Yes
 No

Section 6: The software you use

Q37: Do you understand how to use your software?

- Yes
 No

Q38: If you have any recurrent problems with your software (e.g. slow response times, inadequate feedback, or software that is unsuitable for the task) please describe below:

Section 7: Your environment

7A Lighting

Q39: Select the best description of the lighting level at your workstation

- Just Right
 Too Bright
 Too Dim

Q40: Do you have control over the lighting that affects you?

- Yes
 No

Q41: Are there any light sources that cause you problems within your field of view?

- Yes
 No

7B Temperature and humidity

Q42: How would you describe the normal temperature at your workstation?

- Just Right
 Too Bright
 Too Dim

Q43: Is the air around your workstation too dry for your comfort (e.g. do you suffer from dry eyes, skin or throat)?

- Comfortable
 Too Dry

7C Noise

Q44: How would you describe the level of noise at your workstation?

- Not distracting
 Occasionally distracting
 Constantly distracting

7D Space

Q45: How would you describe the level of noise at your workstation?

- Yes
 No

7E Access/Egress

Q46: Do you have any problems with cables (e.g. trip hazards)?

- Yes
 No

Section 8: Your Health

Q47: Have you experienced any of the following while working with your computer, which you believe may be attributable to your work with your computer?

- Head, neck, or backache
 Pain or discomfort in your hands or forearms, or numbness in your hands or fingers
 Excessive tiredness
 Eye problems (such as tiredness or blurred vision)

Q48: Do you wear glasses or contact lenses?

- Glasses
 Contact Lenses
 Both
 Neither



DISPLAY SCREEN WORKSTATION ASSESSMENT QUESTIONNAIRE

Q49: Are you aware of the company policy and procedures regarding eye examinations?

- Yes
 No

Q50: Have you had an eye test within the last 2 years?

- Yes
 No

Q51: If you have any additional comments, or wish to mention problems not covered in this assessment, please enter them below:

Signature:

Date:

For Completion by Occupational Health