



# Home Office Ergonomics Questionnaire

**EMPLOYEE** – Please complete and return this form

Name:		Job Title:	Date:
Phone 1:	Phone 2:	Email:	
Supervisor Name:		Supervisor Email:	
Hours work/day: _____ AM Break: <input type="checkbox"/> Yes <input type="checkbox"/> No Lunch Break: <input type="checkbox"/> Yes <input type="checkbox"/> No PM Break: <input type="checkbox"/> Yes <input type="checkbox"/> No	Commute time: _____ minutes Commute by: _____	Type of Glasses: _____ Do you know how to use all chair adjustment features? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Discomfort at the end of the workday: <input type="checkbox"/> Eyes <input type="checkbox"/> Wrist/hand <input type="checkbox"/> Forearms <input type="checkbox"/> Shoulders/upper arms <input type="checkbox"/> Neck <input type="checkbox"/> Upper back <input type="checkbox"/> Lower back <input type="checkbox"/> OTHER: _____			
Work Location: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Combination Length of time you've worked in your current location: _____ Do you use a headset for phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No			
General Job Responsibilities: (i.e. spreadsheets, answering emails, phone calls, webex meetings, report writing)			
Sitting: _____ hours per shift Standing: _____ minutes per shift Walking: _____ minutes per shift Do you take breaks (stretching, resting eyes, standing, moving) regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how often?			
Computer Programs and Software used: (i.e. Word, Excel, Outlook, PowerPoint, etc.)			

**TASKS** – Average number of hours/day; total may be more than 8 hours

Computer Work (non-web meeting)	Document Scanning
Web meetings	Phone Calls
Emails	Texting/Handheld Device
Typing While Viewing Hard Copy Documents	Stapling/Removing Staples
Handwriting	Filing
Other:	Other:

**COMMENTS/QUESTIONS**

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**WORKSTATION PHOTOS**

Please provide photographs of you at your workstation, as shown below, when you return this form.

NOTE: Please use the flash function when taking pictures, as needed, especially under the chair.

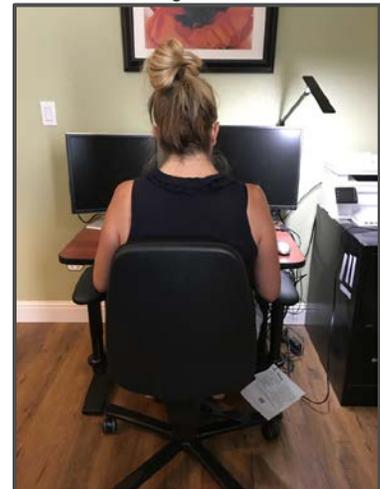
Full body left view



Full body right view



Full body back view



Full body top view



Underside of the chair (use flash)



Underside of the chair (use flash)

