

Computer User Questionnaire

1. Name: _____ Date: _____
2. Department: _____ Building & Room #: _____
3. Has anyone discussed ergonomic office design with you? Yes _____ No _____
4. How long have you been working at a computer monitor?
_____ Less than 6 months _____ 6 months to 1 year _____ 1 to 3 years _____ More than 3 years
5. What is the average length of time you spend using the computer at each sitting? _____
6. In an eight-hour work day, how much time is spent at each of the following?
_____ Using the computer _____ Other activities at the workstation _____ Away from the workstation
7. Have you had any pain or discomfort while working with a computer during the last year?
_____ Yes, continue on with survey _____ No, skip to last question
8. Check the area(s) that correspond to the body parts where you have been experiencing pain or discomfort resulting from your work environment within the last year.
____ Head ____ Neck ____ Eyes ____ Upper Back ____ Mid/Low Back ____ Buttocks
____ Right Hand ____ Right Wrist ____ Right Forearm ____ Right Upper Arm ____ Right Shoulder
____ Left Hand ____ Left Wrist ____ Left Forearm ____ Left Upper Arm ____ Left Shoulder
____ Right Thigh ____ Right Lower Leg / Foot ____ Left Thigh ____ Left Lower Leg / Foot
9. Of those items you chose above, which do you experience most often and/or which are most severe?

10. Indicate how often you experience each of the following discomforts at your workstation (using the scale):
0 = Never 1 = Rarely (a few times a month) 2 = Frequently (a few time a week) 3 = Almost Constantly
____ Finger Numbness ____ Wrist Numbness ____ Hand Numbness ____ Fatigue
____ Headache ____ Blurred Vision ____ Insomnia ____ Tension/Stress
11. In your opinion, what do you think may be causing the discomfort(s) you have been experiencing?

12. Within the last year, approximately how many days have you missed work, as a result of these discomforts?

13. Any additional comments?

