

## 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?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_