Bentall Physiotherapy
powered by movement

ERGONOMIC EVALUATION FORM

Please complete the following *before* your evaluation

Name:_____ Date:_____

Job Title/Occupation: _____
Primary Job Functions:_____
_____
_____

Years with current employer:_____yrs. Year in this occupation:_____yrs.

Previous occupation in the last 5 years (if significantly different from current one): _____
_____

How many hours a day do you spend at work? _____Hrs/day

How much of your day is spent doing the following tasks? Mark an X in the appropriate box for each task.

Task	Never	Occasional (<2hrs/day)	Frequent (2-5 hrs/day)	Constant (5-8+ hrs/day)
Computer				
Telephone Calls				
Meetings				
Filing				
Copying/Faxing				
Stapling/Mailing				
Reviewing Documents or texts				
Handwriting				
Customer Service				
Lifting (Describe below)				
Other (Describe Below)				

Do you wear glasses? _____ If yes, what type: computer glasses, bifocals, monofocals, trifocals, progressive lenses? _
_____

Are you **right-**handed or **left-**handed?

Which phrase best describes your workstation?

- □ Single Desk
- □ L-Shaped Desk
- □ Two separate work areas within room or cubicle

Please mark any of the following that you have in your workstation?

□ Keyboard Tray	□ Speakerphone	□ Monitor Filter
□ Alternate style mouse	□ Document holder	□ Monitor riser (raising the height)
□ Alternate style keyboard	□ Footrest	□ Filing cabinets
□ Wrist Rest(s)	□ Adjustable chair	□ Notebooks, folders
□ Telephone headset	□ Large-grip pens and pencils	
□ Telephone cradle/shoulder rest	□ Sit/Stand workstation	

Please answer the following questions *based on your position at your computer:*

□ Yes	□ No	My hips, knees and elbows are at 90 degrees
□ Yes	□ No	My feet are flat on the floor or a footrest.
□ Yes	□ No	My elbows are under my shoulders when I use my keyboard or mouse.
□ Yes	□ No	My shoulder are relaxed when typing and when using the mouse.
□ Yes	□ No	My wrists are neutral for typing and when using the mouse.
□ Yes	□ No	My ears are over my shoulders, not forward.
□ Yes	□ No	I can touch my monitor with my fingertips
□ Yes	□ No	My eyes are in the top 1/3 of my screen

Please answer the following questions about your workstation and work habits:

□ Yes	□ No	My pens, paper, stapler and other frequently used items are within easy reach of my primary seat at the workstation
□ Yes	□ No	My writing desk is uncluttered and the space beneath my desk enables me to move up close to the desk to work.
□ Yes	□ No	I use a laptop at work/home
□ Yes	□ No	I carry files, laptop and others between work and home If **Yes,** please circle your method of transport: *Backpack* *Shoulder bag* *Wheeled backpack* *Wheeled briefcase* *Hard or Soft briefcase* *Other*
□ Yes	□ No	Do you exercise on a regular basis?
□ Yes	□ No	Do you stretch on a regular basis?
□ Yes	□ No	Do you get 7 or more hours of sleep most nights?

Please list any concerns you have regarding your condition or work station?: _____
_____
_____