

ERGONOMIC ASSESSMENT REPORT

Name: _____ Age Range: _____
Height: _____ ft _____ in Mousing Hand: _____

Work Habits

Work Computer Use: _____ hrs/day Work From Home: _____ day(s)/week
Home Computer Use: _____ hrs/day Proficient Typist: _____
Mobile Device Use: _____ hrs/day Paper Based Work: _____
Web Conferences: _____ hrs/day Bifocals: _____

Technology Survey

Computing Device: _____ External Keyboard: _____
Using Laptop Display: _____ External Mouse: _____
External Monitors(s): _____ Sit/Stand capability: _____
Number of Monitors: _____ Shared Workstation: _____

Discomfort Survey

Please complete the **Pre-Assessment Discomfort** survey prior to your workstation assessment. Complete the **Post-Assessment Discomfort** survey 4-6 weeks following your assessment.

		Pre-Assessment				Post Assessment			
		Level of Discomfort				Level of Discomfort			
		None	Slight	Moderate	Severe	None	Slight	Moderate	Severe
Neck		☐	☐	☐	☐	☐	☐	☐	☐
Upper Back		☐	☐	☐	☐	☐	☐	☐	☐
Lower Back		☐	☐	☐	☐	☐	☐	☐	☐
Shoulder	Left	☐	☐	☐	☐	☐	☐	☐	☐
	Right	☐	☐	☐	☐	☐	☐	☐	☐
Elbow	Left	☐	☐	☐	☐	☐	☐	☐	☐
	Right	☐	☐	☐	☐	☐	☐	☐	☐
Forearm	Left	☐	☐	☐	☐	☐	☐	☐	☐
	Right	☐	☐	☐	☐	☐	☐	☐	☐
Wrist	Left	☐	☐	☐	☐	☐	☐	☐	☐
	Right	☐	☐	☐	☐	☐	☐	☐	☐
Hand	Left	☐	☐	☐	☐	☐	☐	☐	☐
	Right	☐	☐	☐	☐	☐	☐	☐	☐
Hip	Left	☐	☐	☐	☐	☐	☐	☐	☐
	Right	☐	☐	☐	☐	☐	☐	☐	☐
Thigh	Left	☐	☐	☐	☐	☐	☐	☐	☐
	Right	☐	☐	☐	☐	☐	☐	☐	☐
Knee	Left	☐	☐	☐	☐	☐	☐	☐	☐
	Right	☐	☐	☐	☐	☐	☐	☐	☐
Foot	Left	☐	☐	☐	☐	☐	☐	☐	☐
	Right	☐	☐	☐	☐	☐	☐	☐	☐

Post-Assessment Survey

Since my ergonomic assessment:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I found the workstation adjustments to be beneficial	☐	☐	☐	☐	☐
I feel more comfortable at my workstation	☐	☐	☐	☐	☐
I feel more productive at my workstation	☐	☐	☐	☐	☐
My job satisfaction has improved	☐	☐	☐	☐	☐