

## Pre-Screening Questionnaire (p1)

*Please complete this questionnaire and return to Ergo Life Solutions.  
This information is confidential and will be viewed only by the ergonomic evaluator.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Work Location: \_\_\_\_\_ Email: \_\_\_\_\_

How much time do you spend doing the following activities?

### At Your Desk:

Activity	Never	Occasionally	Frequently	Constantly
Computer Keyboard				
Computer Mouse				
Number Keypad				
Copying from paper documents				
Telephone use				
Handwriting				
Sitting				
Standing				
Leaning/Bending				
Overhead Reaching				

### Away from your Desk

List Activities: \_\_\_\_\_

### What are your concerns?

\_\_\_\_\_ I don't have any concerns, I just want to be sure that I am set up correctly.

\_\_\_\_\_ My workstation or equipment is broken (chair, desk, etc.) or does not seem to be set up properly.

\_\_\_\_\_ I would like to address the following areas: \_\_\_\_\_

## Pre-Screening Questionnaire (p2)

### Please rate your overall Comfort Level:

On a scale of 1-10, please rate how comfortable you are for each section:  
(1 = Not comfortable; 10 = Very Comfortable)

Body Part	Right	Left
Hand		
Wrist		
Arm		
Shoulders		
Neck		
Upper Back		
Lower Back		
Legs		
Ankle		
Foot		

Height: \_\_\_\_\_

Weight (check one): ( ) Average ( ) Above Average

List any medical conditions that may impact this evaluation (optional): \_\_\_\_\_

\_\_\_\_\_

What do you think will help you? \_\_\_\_\_

What hobbies/ activities do you participate in outside of work? \_\_\_\_\_

\_\_\_\_\_

How often do you exercise? \_\_\_\_\_

Would you consider your diet to be nutritious? \_\_\_\_\_

Is there anything else you would like the evaluator to know? \_\_\_\_\_

\_\_\_\_\_

