**Office ErgoProfile Employee Survey**

**WHAT YOU DO**

<table>
<thead>
<tr>
<th>Department</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job</td>
<td>Gender M F</td>
</tr>
<tr>
<td>Supervisor</td>
<td>Age (years)</td>
</tr>
<tr>
<td>Shift</td>
<td>How long have you worked for this company?</td>
</tr>
</tbody>
</table>

**HOW YOU FEEL**

Do you experience musculoskeletal discomfort that you feel is related to your work tasks?  
**YES** (If yes, please complete the discomfort chart below)  
**NO** (If no, skip to “tell us about your job” section)

For any body part having discomfort, circle the number that ranks the discomfort level. 1=some discomfort, 2, 3, 4, 5=very uncomfortable

```
RIGHT

- Neck: 1 2 3 4 5
- R. Shoulder: 1 2 3 4 5
- R. Elbow: 1 2 3 4 5
- R. Hand/Wrist: 1 2 3 4 5
- Buttocks: 1 2 3 4 5
- R. Thigh: 1 2 3 4 5
- R. Knee: 1 2 3 4 5
- R. Ankle/Foot: 1 2 3 4 5

LEFT

- Head/Eyes: 1 2 3 4 5
- L. Shoulder: 1 2 3 4 5
- L. Elbow: 1 2 3 4 5
- L. Hand/Wrist: 1 2 3 4 5
- L. Thigh: 1 2 3 4 5
- L. Knee: 1 2 3 4 5
- L. Ankle/Foot: 1 2 3 4 5
```

**FOR THE AREA OF MOST DISCOMFORT, ANSWER THE FOLLOWING (CIRCLE #):**

Which body part has the highest discomfort and is of most concern to you?

- A. How long has it been since you started to experience the discomfort?
  - 1– days
  - 2– weeks
  - 3– months
  - 4– years

- B. How often do you experience the discomfort?
  - 1– always, constantly
  - 2– occasionally
  - 3– at rest
  - 4– when active

- C. How did the discomfort start?
  - 1– gradually, over time
  - 2– suddenly
  - 3– injury/accident

**TELL US ABOUT YOUR JOB**

Circle the specific part of your job that is of concern to you.

<table>
<thead>
<tr>
<th>Workplace</th>
<th>Work/Job</th>
<th>Office Tools</th>
<th>Materials Handling</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>no concern</td>
<td>no concern</td>
<td>no concern</td>
<td>no concern</td>
<td>no concern</td>
</tr>
<tr>
<td>chair</td>
<td>desk</td>
<td>size</td>
<td>lifting</td>
<td>temperature</td>
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<tr>
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<td>office layout</td>
<td>shape</td>
<td>weight</td>
<td>ventilation</td>
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<td>deadlines</td>
<td>function correctly</td>
<td>push/pull</td>
<td>lighting</td>
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<td>reaches</td>
<td>ease of use</td>
<td>carrying</td>
<td>noise</td>
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<td>location</td>
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<td>vibration</td>
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<tr>
<td>variety</td>
<td></td>
<td>compatibility</td>
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<td></td>
</tr>
</tbody>
</table>

**YOUR THOUGHTS**

What do you think would make your job easier?

If you have specific concerns about your job, write them here.