

Workplace Evaluation

Personal information:

Name: _____ Company Name: _____

Tel No: _____ Mobile: _____

e-mail: _____

Height _____ Weight (approx) _____ Gender: Male / Female

Please rate on a scale of 1 – 10 (10 being most painful) the level of discomfort you are experiencing in any of the following areas:

Lower Back _____ Mid Back _____ Upper Back _____ Neck / Shoulder _____

Hand / Arm _____ Coccyx _____ Sciatica / Leg _____

Other (Please specify) _____

How long have you had this issue?

Are you receiving treatment, if so from whom?

Have you had any time off work with this issue? _____ If so, how long (approx)? _____

Are you left or right handed?

Are there any other factors you feel are relevant to this issue? Please give details: _____

Job Information:

Please give details of the approximate percentage or number of hours spent during the working day at each of the following areas:

Computer _____ Telephone _____ Reading documents _____

Writing _____ Other _____

Working hours: _____ Full time / Part time (please specify hours worked)

What type of computer do you use? Desktop, laptop or both?

If you use a PC at work, is it height adjustable?

Do you ever work from home?

How do you travel to work?

Any other relevant information:

Please e-mail completed form to sales@oxfordseating.co.uk

OSC Furniture
tel: 01491 838156
www.oxfordseating.co.uk