VIRTUAL WORKSPACE ASSESSMENT QUESTIONNAIRE
VIRTUAL WORKSPACE ASSESSMENT QUESTIONNAIRE

We look forward to working with you for a Virtual Ergonomic Assessment. For best results, please complete the following questionnaire with as much detail as possible. The better we understand your working environment, the better we are able to serve your needs.

First and Last Name: ______________________________________
Company of Employment: ________________________________
Job Title: ________________________________________________
Phone Number: _________________________________________
Email: __________________________________________________
1. What is the mission of your place of employment?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

2. What is the vision of your place of employment?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

3. What is your goal from the Virtual Workspace Assessment? What do you hope to gain?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

4. Please describe the primary occupational tasks that you perform (for example: data entry, shipping and handling of goods, computer programming, design, etc.):
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

5. What position are you in most frequently?
   Standing       Sitting       Standing and Sitting

6. Please explain what occupational tasks you perform while seated:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

7. Please explain what occupational tasks you perform while standing:
_______________________________________________________________________________
_______________________________________________________________________________
8. Do you commonly perform hard labor tasks (for example, lifting heavy materials, operating heavy machinery, handling livestock)?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

9. What are the primary safety considerations within your workplace? Do you feel like your workplace is dangerous or hazardous?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

10. Do you perform computer work, if so how many hours per day on average?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

11. Is team collaboration encouraged within your workplace, or do you mainly perform tasks and projects on your own?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

12. Have you consulted with a Wellness Officer or participated in a Corporate Wellness Program before?

Yes  No

If yes, please explain:
_______________________________________________________________________________
_______________________________________________________________________________

13. Have you completed an Occupational Safety Course or been instructed how to prevent common workplace injuries?

Yes  No

If yes, please explain:
_______________________________________________________________________________
_______________________________________________________________________________

If no, do you feel like you needed a safety course?  Yes  No
_______________________________________________________________________________
14. What sicknesses or illnesses do you commonly experience, if any (for example, allergies, headaches, common cold, etc.)?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

15. What type of pain or injuries do you commonly experience, if any (for example, neck pain, back pain, wrist pain, etc.)?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

16. Do you perform repetitive occupational tasks?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

17. Do you commonly work with your arms overhead at high heights, or bending over looking down at low heights?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

18. Do you commonly work in one position for prolonged periods of time without taking breaks?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

19. What hours do you commonly work? Do you often work overtime? Do you work the night shift?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

20. How often do you take breaks throughout the day? Do you choose when to take a break, or is this predetermined?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
21. Do you commonly utilize hand tools? Are they heavy? Are they easy to operate?

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

22. Do you ever feel like it is hard to focus or concentrate within your workplace?

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

23. What is the average temperature of your working environment? Do you feel comfortable in this temperature?

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

24. Are you exposed to vibration within your workplace?

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

25. Do you perform work that causes awkward postures?

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

26. Do you have easy access, within an arm’s reach away, to your most commonly utilized work items?

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

27. Would you say that your overall morale is high at work? If not, why do feel that your morale is not high?

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________
28. Do you work in different locations, or always on-site at the same location?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

29. Do you commonly travel long distances to arrive at work?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

30. Do your occupational tasks require frequent twisting of the spine? Please explain examples of movements that require twisting:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

31. Is your chair and/or desk adjustable to your unique height?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

32. Are there any sharp edges, uneven surfaces, or places where it is easy to trip within your workplace?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

33. What type of flooring is in your workplace? Is it hard floor?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

34. Do you have a hands free option for speaking on the telephone?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
How would you rate your comfort level within your workspace?
• 1 is very uncomfortable
• 2 is uncomfortable
• 3 is neutral, not sure, indifferent
• 4 is comfortable
• 5 is very comfortable

35. Please explain why you selected this level of comfort:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

36. How long are you able to stay in one position before experiencing discomfort?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

37. Do you commonly feel pain after work? Please explain:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

38. Are there any occupational tasks that make you feel fatigued?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

39. Do you usually feel energized at work, or lethargic and tired?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

40. How would you describe your workplace layout (for example, an individual office, a cubicle, an open workspace, etc.)?
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
On a scale of 1-5 please rank each aspect of the workplace:

• 1 is very poor condition
• 2 is poor condition
• 3 is neutral, not sure, indifferent
• 4 is good condition
• 5 is excellent condition

41. Do the lights provide adequate light for seeing in your workplace? _________________
42. Does your computer produce glare? __________________________
43. Is there excess noise within your workplace? _________________________________
44. Is your furniture in good condition? _________________________________
45. Are items for handling packaged properly and easy to maneuver? ____________

46. How did you hear about us? _______________________________________________