

Workspace Ergonomics & Wellness Questionnaire

Client Contact Information:

Name: (pronouns)	Email:
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Job-specific Questions

1. What is your job title and how long have you worked in your job description?
2. Where in the world are you located?
3. If you have a home office, where in your home is your primary workspace?
4. What hardware do you currently use to perform your job? **Circle all that apply.**
 - Monitor(s) - **how many?**
 - Laptop(s) - **how many?**
 - Desktop
 - Keyboard - wired or wireless, standard or ergonomic
 - Mouse - wired or wireless, standard or ergonomic
 - Headset
 - Footrest
 - Desk chair - **type?**
 - Desk - Standard or height adjustable
 - Tabletop standing desk converter
 - Keyboard wrist pad
 - Mouse pad with wrist support
 - Monitor arm(s) - **how many?**
 - Monitor riser(s) - **how many?**
 - Blue light glasses
 - Anti-fatigue mat
 - Grounding mat
 - Laptop riser or stand
 - Lumbar support
 - Document holder
 - Anti-glare screen
 - Other:
5. How many hours do you typically spend at your desk at a time throughout your work day?
6. What is your typical work day routine?

Health and Well-Being Questions

7. Do you currently experience any persistent pain, tension, or discomfort? **Y or N**
8. How would you rate your general health? **Poor, Fair, Good, Very Good, Excellent**

9. How would you rate your mental and emotional health in the past 4 weeks? **Poor, Fair, Good, Very Good, Excellent**
10. How would you rate your spiritual health in the past 4 weeks? **Poor, Fair, Good, Very Good, Excellent**
11. What does self-care look like to you? (e.g., physical, emotional, intellectual, environment, occupation, spiritual, financial, social; list or describe)
12. How do you want to feel each day?
13. What do you love to do or what are you passionate about that when you are doing it, time seems to stand still?
14. Do you have any health & well-being and/or work performance goals that you would like to share?