

**ALBUQUERQUE PUBLIC SCHOOLS
RISK MANAGEMENT DEPARTMENT**

ERGONOMIC ASSESSMENT QUESTIONNAIRE

Your Name: _____
School or Building Location: _____ Room #: _____
Phone Number: _____ Email: _____

Please answer the questions on the survey so we can determine your need for ergonomic help. Print, complete and forward form to Geri Lucero at Risk Management via email Lucero_g@aps.edu, fax @ 881-2309 or by interoffice mail. Incomplete forms will not be considered.

Assessment priority will be based on need. Funding for recommended changes to existing workstations is the responsibility of the employee's work location and will depend on budget availability.

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1. Chair does *not* fit you or adjust appropriately. YES / NO
 2. Do you lean forward away from your backrest throughout the day? YES / NO
 3. Do you use any kind of pillow against your chair backrest? YES / NO
 4. Do you usually sit on the front half of your chair throughout the day? YES / NO
 5. Are your feet *not* making good contact with the floor or a footrest while you are sitting? YES / NO
 6. Are you reaching up more than 2 inches to access things on the top of your work surface? YES / NO
 7. Do you spend a significant portion of the day cradling the phone between your ear and shoulder? YES / NO
 8. Do you spend a significant portion of your day working with paper documents while simultaneously working at the computer/laptop and not have a document holder? YES / NO
 9. Is your keyboard pushed more than 2 inches back from the front edge of the work surface? YES / NO
 10. Is your computer (not laptop) mouse positioned behind or above your keyboard? YES / NO
 11. If you work with a computer (or laptop) for a *significant* portion of the day and at other times work strictly with paper documents a *significant* portion of the day, do you sit at the same *exact* place at your work surface when doing each? YES / NO
 12. While working at your computer or laptop: while actually typing and mousing (not when resting) do you rest your wrists on: the front of your work surface *or* on the front of your laptop *or* on the front of your work surface? YES / NO

13. Do you make long reaches for your work tools requiring you to move your elbow(s) away from your side or to lean forward away from your chair backrest? YES / NO
14. Do you lean on your work surface to work through out the day? YES / NO
15. Do you think you could work more efficiently if there were changes made to your work station? YES / NO
16. Of the 15 questions above, how many questions did you answer **YES** to? _____