

# Employee Musculoskeletal Discomfort Report (Office)

yorku.ca/ergo  
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Name: \_\_\_\_\_ Employee Group/Union: \_\_\_\_\_ Date: \_\_\_\_\_

Month/year you started working at York? \_\_\_\_\_ Month/year you started working at your current location? \_\_\_\_\_

Dominant Hand? Right , Left  Height: \_\_\_\_\_ Do you wear: glasses , contact lenses , bifocals , multifocals

Do you believe your discomfort is due to a work-related injury? Yes No notSure  
(If Yes, let your supervisor know since a [Supervisor's Accident Investigation Report](#) may need to be completed.)

Have you discussed your discomfort with a health care practitioner? Yes No

Have you missed work because of your discomfort? Yes No

Select all that apply: pain stiffness/tightness weakness redness swelling tingling/numbness

	Head/Eyes	Neck/Shoulders	Arms/Hands	Low Back	Legs/Feet
1) Are you currently experiencing discomfort in this body part?	Yes No If yes, complete remainder of column	Yes No If yes, complete remainder of column	Yes No If yes, complete remainder of column	Yes No If yes, complete remainder of column	Yes No If yes, complete remainder of column
2) Where is your discomfort?	<input type="checkbox"/> head <input type="checkbox"/> eyes	<input type="checkbox"/> right side <input type="checkbox"/> left side <input type="checkbox"/> middle	<input type="checkbox"/> right <input type="checkbox"/> left	<input type="checkbox"/> right side <input type="checkbox"/> left side <input type="checkbox"/> middle	<input type="checkbox"/> right <input type="checkbox"/> left
3) When did you 1 <sup>st</sup> notice this discomfort?	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
4) Rate your discomfort at the following times (0=no discomfort, 3 = unbearable pain)					
Before work	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
During work	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
After work	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3
After a few days away from work	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3	0 1 2 3

1. What work and home activities cause the greatest discomfort?

1.1. Which computer programs cause the most difficulty or discomfort?

E-mail Word Excel PowerPoint SIS PeopleSoft Web browser Other, please list:

2. Are there any trends to your discomfort (i.e. worse at certain times of the day, certain days of the week, certain times of the year, etc)? If yes, please explain:

3. Was there a single event or series of events that preceded the first time you noticed your discomfort? If yes, please explain:

4. What changes have you tried that REDUCED the discomfort?

5. What changes have you tried that HAD NO EFFECT ON the discomfort?

6. In your opinion, what further changes would reduce the discomfort? For more ideas, complete the Computer User MSD Prevention Checklist.

7. Use the following scale in the table below

- 1=usually comfortable and/or not difficult
- 2=sometimes comfortable and/or some difficulties
- 3=seldom comfortable and/or very difficult

<b>Circle the appropriate response (N/a=not applicable)</b> <b>Tip:</b> Skip any fields where your response is '1' (default response).		<b>Comments (e.g. how long can you sit etc before you get uncomfortable)</b>
Calculator, Using calculator	<u>1</u> 2 3 N/a	
Photocopying/Scanning	<u>1</u> 2 3 N/a	
Faxing	<u>1</u> 2 3 N/a	
Filing	<u>1</u> 2 3 N/a	
Hole punching	<u>1</u> 2 3 N/a	
Interacting with visitors to my workstation (body/neck positioning)	<u>1</u> 2 3 N/a	
Lifting and carrying	<u>1</u> 2 3 N/a	
Monitor, Eye discomfort from looking at monitor	<u>1</u> 2 3 N/a	
Monitor, Neck discomfort from looking at monitor	<u>1</u> 2 3 N/a	
Mouse, Clicking mouse	<u>1</u> 2 3 N/a	
Mouse, Holding mouse	<u>1</u> 2 3 N/a	
Mouse, Moving mouse	<u>1</u> 2 3 N/a	
Paper documents, Eye discomfort from looking at paper documents	<u>1</u> 2 3 N/a	
Paper documents, Neck discomfort from looking at paper documents	<u>1</u> 2 3 N/a	
Portable Technology (e.g. SmartPhones)	<u>1</u> 2 3 N/a	
Reaching for items around my workstation	<u>1</u> 2 3 N/a	
Sitting	<u>1</u> 2 3 N/a	
Stamping	<u>1</u> 2 3 N/a	
Standing	<u>1</u> 2 3 N/a	
Stapling	<u>1</u> 2 3 N/a	
Telephone, Using telephone	<u>1</u> 2 3 N/a	
Typing	<u>1</u> 2 3 N/a	
Writing	<u>1</u> 2 3 N/a	
Other, please describe:	<u>1</u> 2 3 N/a	

Name:

Date:

True    False    n/A=not applicable		Comments
**No answer required if your answer is True (i.e. <u>T</u> )**		
<b>1. Work Organization</b>		
a) I am regularly out of my chair for at least 5 minutes every hour.	<u>T</u> F	
b) I regularly look away from my screen and stop typing and mousing for at least 10 seconds every 10 minutes.	<u>T</u> F	
c) I take regular stretch breaks.	<u>T</u> F	
d) I get regular exercise	<u>T</u> F	
<b>2.1. Chair Seat Width</b>		
My chair seat is wider than my buttocks.	<u>T</u> F	
<b>2.2. Seat Height and Tilt/Angle</b>		
a) My chair provides uniform support along the entire underside of my upper leg. Pressure is NOT concentrated near the back of the seat (seat too low) or near the front (seat too high).	<u>T</u> F	
b) I can easily rest my heels on the floor with all shoes that I wear.	<u>T</u> F	
• If not, I can easily rest my heels on a footrest.	<u>T</u> F   n/A	
<b>2.3. Seat Depth</b>		
When my buttocks are against the backrest, I can fit 1-4 finger widths between the front edge of my seat and the back of my knee.	<u>T</u> F	
<b>2.4. Backrest Height/Lumbar Support</b>		
My backrest supports the curve in my low back. There is NO gap between my buttocks and the backrest.	<u>T</u> F	
<b>2.5. Backrest Angle</b>		
My backrest is NOT reclined too much NOR does it push me too far forward.	<u>T</u> F	
<b>2.6. Armrest Height</b>		
a) While typing, my natural arm movements are NOT impeded by my armrests.	<u>T</u> F   n/A	
b) During non-typing activities (mousing, talking on the phone, reading, etc), I can rest my arm on the armrest without having to elevate my shoulder or lean significantly to the side.	<u>T</u> F   n/A	
c) When in my preferred position, my armrests do NOT bump into my desk.	<u>T</u> F   n/A	
<b>2.7. Armrests, Distance between</b>		
I fit comfortably between my armrests and they are within easy reach.	<u>T</u> F   n/A	
<b>3.1. Keyboard/Calculator and Mouse Positioning (height, angle, distance)</b>		
a) When my fingers are on the keyboard		
• My upper arms are vertical.	<u>T</u> F	
• My elbows are close to my sides.	<u>T</u> F	
• My wrists are straight both up and down and side to side.	<u>T</u> F	

<b>True    False    n/A=not applicable</b> **No answer required if your answer is True (i.e. <u>T</u> )**	<b>Comments</b>
<ul style="list-style-type: none"> <li>• My forearms are parallel to the ground or sloping slightly downward. (<b>Exception:</b> If you look at the keyboard a lot, it may need to be higher with your forearms sloping up.)</li> </ul>	<u>T</u> F
b) The slope of my keyboard is about the same as the slope of my forearms	<u>T</u> F
c) I have moved my keyboard side to side, so that my belly button is in front of the <b>H</b> key; or because I mouse more than I type, I sit closer to my mouse in front of the <b>L</b> key.	<u>T</u> F
d) When holding my mouse	
<ul style="list-style-type: none"> <li>• My upper arm is vertical.</li> </ul>	<u>T</u> F
<ul style="list-style-type: none"> <li>• My elbow is close to my side.</li> </ul>	<u>T</u> F
<ul style="list-style-type: none"> <li>• My wrist is straight both up and down and side to side.</li> </ul>	<u>T</u> F
<ul style="list-style-type: none"> <li>• My forearm is parallel to the ground or sloping slightly downward</li> </ul>	<u>T</u> F
e) My mouse is beside and as close to my keyboard as possible	<u>T</u> F
f) My mouse is on the same surface as my keyboard.	<u>T</u> F   n/A
<b>3.2. Keyboard/Calculator and Mouse Use</b>	
a) I usually type without looking at the keyboard.	<u>T</u> F
b) I am familiar with the productivity and comfort enhancements for my mouse in the Control Panel (e.g. "Snap to").	<u>T</u> F
c) The Control Panel on my computer allows me to adjust all the features of my mouse (e.g. wheel, extra buttons).	<u>T</u> F
d) I regularly use keyboard alternatives to mouse functions.	<u>T</u> F
e) I am aware of features in my software/programs to automate repetitive tasks (macros, scripts, templates, autocorrect, etc)	<u>T</u> F
f) While typing, all of my fingers are slightly curled.	<u>T</u> F
g) While typing, my hands float above the keyboard. My wrists do NOT rest in front of the keyboard.	<u>T</u> F
<ul style="list-style-type: none"> <li>• If my hands don't float, my palms are supported to keep my wrists straight.</li> </ul>	<u>T</u> F   n/A
h) If I rest my hands in front of the keyboard/mouse, my wrists are NOT on any hard edges.	<u>T</u> F   n/A
i) My wrists are free from pressure from watches or bracelets.	<u>T</u> F
j) My hands rest on my lap when I am not actively typing or mousing.	<u>T</u> F
k) I press keys and click as lightly as possible.	<u>T</u> F
l) The mouse pointer follows my hand movements precisely.	<u>T</u> F
m) My mouse moves easily without the cord pulling.	<u>T</u> F
n) All my fingers rest on the mouse (e.g. my middle finger does NOT hover above the mouse button).	<u>T</u> F
o) I grip my mouse as lightly as possible.	<u>T</u> F
p) While gripping my mouse, the spacing between all of my fingers is consistent. There are NO large gaps between some fingers.	<u>T</u> F
<b>4. Monitor</b>	
a) For all programs I use, I know how to adjust:	
<ul style="list-style-type: none"> <li>• Character size</li> </ul>	<u>T</u> F
<ul style="list-style-type: none"> <li>• Mouse pointer size</li> </ul>	<u>T</u> F

<b>True    False    n/A=not applicable</b> **No answer required if your answer is True (i.e. <u>T</u> )**	<b>Comments</b>
<ul style="list-style-type: none"> <li>• Screen colours</li> </ul>	<u>T</u> F
<ul style="list-style-type: none"> <li>• Monitor brightness and contrast</li> </ul>	<u>T</u> F
b) If I have 1 monitor, I have moved it side to side so that my belly button is in front of the middle.	<u>T</u> F   n/A
c) If I have 2 monitors, they are positioned so there is no gap between the screens and neck twisting to the left and right is balanced.	<u>T</u> F   n/A
d) I see the screen best at its current distance from my eyes. Leaning forward or moving farther away from where I normally sit does NOT make the screen easier to read.	<u>T</u> F
e) I can move my monitor closer or farther away if I want to (cords long enough, etc).	<u>T</u> F   n/A
f) Top row of my screen is at or below eye level.	<u>T</u> F
g) If I wear multifocal lenses (e.g. bifocals), I am aware of special considerations for monitor positioning.	<u>T</u> F   n/A
h) If my monitor is on my computer, I'm sure that it is not too high there.	<u>T</u> F   n/A
i) If the top of my screen is below eye level, it is tilted back enough so I can see it clearly.	<u>T</u> F   n/A
j) When I use a notebook computer when sitting at a desk, I regularly use an external keyboard and mouse.	<u>T</u> F   n/A
k) My screen is free of reflections (windows, lights, etc).	<u>T</u> F
l) If I have window blinds, I am able to operate them easily.	<u>T</u> F   n/A
m) My screen is free of flicker.	<u>T</u> F
<b>5. Paper Documents</b>	
a) Paper documents that I look at while working on the computer are:	
<ul style="list-style-type: none"> <li>• Very close to the bottom or side of my screen.</li> </ul>	<u>T</u> F
<ul style="list-style-type: none"> <li>• Not flat on the desk.</li> </ul>	<u>T</u> F
b) Paper documents that I read regularly have/are:	
<ul style="list-style-type: none"> <li>• Good character size</li> </ul>	<u>T</u> F
<ul style="list-style-type: none"> <li>• Legible</li> </ul>	<u>T</u> F
<ul style="list-style-type: none"> <li>• Not too faint</li> </ul>	<u>T</u> F
<ul style="list-style-type: none"> <li>• Free of glare</li> </ul>	<u>T</u> F
<ul style="list-style-type: none"> <li>• Well illuminated</li> </ul>	<u>T</u> F
<ul style="list-style-type: none"> <li>• Free of shadows</li> </ul>	<u>T</u> F
<b>6. Telephone</b>	
a) I hold my handset with one hand NOT hands-free by squeezing it between my ear and shoulder.	<u>T</u> F   n/A
b) My phone is positioned on the same side as the hand with which I hold the handset.	<u>T</u> F   n/A
c) I am aware of hands-free and programmable features	<u>T</u> F   n/A
<b>7. Workstation Layout</b>	
a) Items that I touch or look at frequently are positioned to minimize reaching, bending, and twisting.	<u>T</u> F
b) I can move my legs freely without banging them on anything.	<u>T</u> F

<b>True</b> <b>False</b> <b>n/A=not applicable</b> **No answer required if your answer is True (i.e. <u>T</u> )**		<b>Comments</b>
c) The area under my desk is free of items that prevent me from sitting close to my desk.	<u>T</u> F	

<b>8. Chair Safety</b> **No answer required if your answer is Yes (i.e. <u>Yes</u> )**		
a) My chair rolls easily on the floor.		<u>Yes</u> No
b) If I weigh more than 250 pounds, I know my chair can safely support me.		Yes No n/A
c) Screws that I can reach/see easily are in place and tight (none are loose or missing).		<u>Yes</u> No
d) My chair feels stable (when I lean from side to side or front to back, it doesn't wobble more than a co-workers chair).		<u>Yes</u> No

<b>9. Adjust your workstation and indicate the final settings using the legend below.</b> N = Not Adjustable   H = Highest Setting   L = Lowest Setting   B = Between Highest & Lowest (An H or L response indicates the range of adjustment may not be sufficient.) **No answer required if your answer is <u>B</u> or <u>Yes</u> **		
a) Seat height, with your highest and lowest heeled shoes (refer to <b>section 2 for chair guidelines</b> )		N H L <u>B</u>
b) Seat tilt/angle		N H L <u>B</u>
c) Seat depth (distance from backrest to front of seat)		N H L <u>B</u>
d) Backrest height		N H L <u>B</u>
e) Backrest angle		N H L <u>B</u>
f) Size of lumbar support		N H L <u>B</u>
g) Armrest height		N H L <u>B</u>
h) Armrest angle		N H L <u>B</u>
i) Footrest (or Stool foot ring)		N H L <u>B</u>
j) Keyboard platform height (refer to <b>section 3 for keyboard positioning guidelines</b> )		N H L <u>B</u>
k) Keyboard platform angle		N H L <u>B</u>
l) Keyboard tilt		N H L <u>B</u>
m) Monitor height (refer to <b>section 4 for monitor positioning guidelines</b> )		N H L <u>B</u>
n) Monitor tilt		N H L <u>B</u>