

## Self-Assessment Display Screen Equipment (DSE) Questionnaire

<b>Name:</b>	<b>Job Title:</b>
<b>Department:</b>	<b>Workstation ID:</b>

### General work pattern

**On average how many hours do you normally spend working on a PC at work each day?**

Less than 1 hour each day       1-2 hours each day

2-3 hours each day       More than 3 hours a day

**On average how many hours each day do you normally spend working on a PC away from work?**

Less than 1 hour each day       1-2 hours each day

2-3 hours each day       More than 3 hours a day

**Do you use other workstations in the workplace?** YES/NO  
(If yes, please answer these questions in relation to the one you use most often)

**Do you work from home on a regular basis?** YES/NO

WORKSTATION CRITERIA	YES	NO	COMMENTS BY USER
<b>1. Seated Posture &amp; Support (See Section 1 of 12-point plan)</b>			
Do you know how and why to adjust the back-rest height and tilt angle?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>
Do you know how and why to adjust the seat height?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>
<b>2. Keyboard &amp; Mouse (see Section 2 of 12-point plan)</b>			
Can you position your keyboard directly in front of you with space to support the hands and arms when not typing?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>
Is the keyboard sufficiently clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>
Do you have sufficient space to position and use your mouse without stretching?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>
Do you know how and why to clean your mouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%;" type="text"/>

**3. Screen (see Section 3 of 12-point plan)**

Can you position the monitor at a comfortable viewing distance (approximately arm's distance)?

--	--	--

When seated at a comfortable keying height is the top of the monitor approximately at eye level?

--	--	--

Is the screen free from glare and/or reflections that make the text difficult to read?

--	--	--

Is the information on the screen easy to read, i.e. text large enough, in focus and flicker-free?

--	--	--

**4. Lighting (see Section 4 of 12-point plan)**

Does the general office lighting enable you to view the screen, keyboard and your paperwork clearly?

--	--	--

**5. Desk (see Section 5 of 12-point plan)**

Is there adequate legroom clearance under the desktop?

--	--	--

Is there adequate space on the desktop?

--	--	--

**6. Document position (see Section 6 of 12-point plan)**

If you frequently use documents whilst working on your computer do you place them in either a document holder or between keyboard and screen?

--	--	--

**7. Equipment Position (see Section 7 of 12-point plan)**

Are frequently used items of equipment within easy reach on the desk without excess reaching, stretching or twisting?

--	--	--

**8. Work routine (see Section 8 of 12-point plan)**

Do you get off your chair at least once an hour?

--	--	--

**9. Vision (see Section 9 of 12-point plan)**

Are you aware of the Trusts DSE Procedure and the right to have an eye and eyesight test?

--	--	--

Have you had an eye and eyesight test within the last 2 years?

--	--	--

**10. Thermal Comfort & Noise (see Section 10 of 12-point plan)**

Is the office environment adequate to prevent discomfort from excess heat, cold and draughts?

--	--	--

Is the office environment adequate to avoid discomfort from dry eyes?

--	--	--

**11. Software (see Section 11 of 12-point plan)**

Is the software provided suitable for the job you do?

--	--	--

Do you know how to use your computer and software sufficiently well to do your job?

--	--	--

LAPTOP USERS	YES	NO	COMMENTS BY USER
12. Is the laptop your main computer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
13. Do you use a separate keyboard when using the laptop for long periods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
14. Do you use a separate mouse when using the laptop for long periods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
15. Is there a space in front of your keyboard to support your wrists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
16. Is the laptop on a firm and level surface and at a comfortable height for typing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
17. Do you use a desk top computer if it is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

TABLETS AND OTHER PORTABLE DEVICES	YES	NO	COMMENTS BY USER
18. Do you use your tablet/portable device continuously on a daily basis?			
For less than twenty minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
For more than twenty minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
19. What are you using this device for?			
E-mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Web browsing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
20. When reading, can you use a stand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
21. When typing, can it be used horizontally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
22. Do you use a separate keyboard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
23. Is there a space in front of your keyboard to support your wrists?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
24. Do you use a separate mouse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

**25. Do you use a desk top computer if it is available?**

--	--	--

**26. Other issues (see Section 12 of 12-point plan)**

Has this questionnaire covered all of the health and safety related issues you wish to raise concerning the use of your workstation or workplace?

		If No, Please record your comments in the box below
--	--	---

<b>Please add any other issues or concerns you have below:</b>
--

<b>Users signature:</b>	<b>Date:</b>
-------------------------	--------------

Completion by Line Manager	Yes	No	
Discussed with User			Date:
Further action required			If yes, see Action Plan below
Referred to Occupational Health			Date referred:

<b>ACTION PLAN</b>		
<b>Action Required</b>	<b>Person Responsible for action</b>	<b>Date completed</b>

<b>Manager's signature:</b>	<b>Date:</b>
-----------------------------	--------------

