



# SSA HOME OFFICE ERGONOMICS SELF-ASSESSMENT WORKSHEET

## Background Information

Please use the **SSA Home Office Ergonomics Self-Assessment Worksheet** to help ensure your home office (location, chair, desk, computer equipment, office equipment, storage and lighting) is set-up to your full advantage. **For additional information refer to the SSA Home Office Ergonomics VOD and the SSA Home Office Ergonomics Quick Reference Guide on the OEHOS Ergonomics Website.**

<b>Date</b>	<b>Last Name</b>	<b>First Name</b>
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**Location** Analyze office location options based on the **Space** and **User** needs and insert your selection in the **Location** field below.

<b>Space</b>	<input type="checkbox"/> Shared	<b>Shared space:</b> for example, office setup during the workday but dining room setup during meal time. <b>Dedicated space:</b> for example, a spare bedroom or den or other area; office remains setup permanently.
	<input type="checkbox"/> Dedicated	

<b>User</b>	<input type="checkbox"/> Single	<b>Single-user:</b> office set-up for one individual and does not need to be changed based on the user. <b>Multi-user:</b> shared by spouse or kids; have to consider how to accommodate needs of varying users.
	<input type="checkbox"/> Multi	

**Location** Identify most suitable location (office/den, bedroom, closet, kitchen/dining table, etc.) for home office and insert below:

**Chair** Determine your current **Chair Features**, any **Issues** and **Recommendations**. Make any comments needed.

Chair Features		Issues	Recommendations
<b>Chair ID</b>		<input type="checkbox"/> Chair fit/adjustment OK <input type="checkbox"/> Chair not adjusted to full advantage <input type="checkbox"/> Chair too small <input type="checkbox"/> Chair too large <input type="checkbox"/> Wrong type chair casters <input type="checkbox"/> Seat not OK <input type="checkbox"/> Back support not OK <input type="checkbox"/> Armrests not OK <input type="checkbox"/> Maintenance issue <input type="checkbox"/> Other (make comments) <b>Comments</b>	<input type="checkbox"/> None (suitable chair fit/adjustment) <input type="checkbox"/> Adjust chair (make comments) <input type="checkbox"/> Modify chair (make comments) <input type="checkbox"/> Repair chair (make comments) <input type="checkbox"/> Replace chair (make comments) <input type="checkbox"/> Other (make comments) <b>Comments</b>
<b>Legs (5) OK</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Caster Type</b>	<input type="checkbox"/> Carpet <input type="checkbox"/> Hard surface		
<b>Seat Adjustment</b>	<input type="checkbox"/> Height <input type="checkbox"/> Tension <input type="checkbox"/> Tilt <input type="checkbox"/> Slide		
<b>Back Adjustment</b>	<input type="checkbox"/> Fixed <input type="checkbox"/> Angle <input type="checkbox"/> Height <input type="checkbox"/> Lumbar		
<b>Armrest Adjustment</b>	<input type="checkbox"/> Fixed <input type="checkbox"/> Side <input type="checkbox"/> Height <input type="checkbox"/> Rotate		
<b>Maint Issue</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Desk** Determine your current **Desk Features**, **Issues** with your desk and **Recommendations**. Make any comments needed.

Desk Features		Issues	Recommendations
<b>Configuration</b>	<input type="checkbox"/> Straight <input type="checkbox"/> L-shape <input type="checkbox"/> Corner <input type="checkbox"/> U-shape	<input type="checkbox"/> Desk is appropriate <input type="checkbox"/> Desk is too low <input type="checkbox"/> Desk is too high <input type="checkbox"/> Sit/stand desk not properly adjusted <input type="checkbox"/> Desk does not have enough work area <input type="checkbox"/> Other (make comments) <b>Comments</b>	<input type="checkbox"/> None (suitable desk) <input type="checkbox"/> Lower desk to (    ) inches <input type="checkbox"/> Raise desk to (    ) inches <input type="checkbox"/> Adjust sit/stand desk <input type="checkbox"/> Make sit/stand desk <input type="checkbox"/> Reorganize to provide additional worksurface area. <input type="checkbox"/> Other (make comments) <b>Comments</b>
<b>Type</b>	<input type="checkbox"/> Fixed Height <input type="checkbox"/> Adjust Height		
<b>Sit/Stand – current height</b>	<input type="checkbox"/> Stand (    ) inches <input type="checkbox"/> Sit (    ) inches		

**Feet/Legs** Determine your current **Feet/Legs/Clearance** status, **Issues** and **Recommendations**. Make any comments needed.

Feet/Legs/Clearance Features		Issues	Recommendation
<b>Feet</b>	<input type="checkbox"/> Dangling <input type="checkbox"/> Supported	<input type="checkbox"/> Foot support appropriate <input type="checkbox"/> Feet dangling – not supported <input type="checkbox"/> No footrest for alternative foot position for seated desk <input type="checkbox"/> No footrest for alternative foot position for sit/stand desk <input type="checkbox"/> Inadequate foot/knee/leg clearance <input type="checkbox"/> Other (make comments) <b>Comments</b>	<input type="checkbox"/> None (suitable foot support and leg clearance) <input type="checkbox"/> Add footrest to provide for foot support when seated (make comments) <input type="checkbox"/> Add footrest to provide for alternative foot placement when making use of recommended sit/stand workstation. Allows for one foot up on footrest and then other foot up to provide for variation in standing position (make comments) <input type="checkbox"/> Remove foot/knee/leg obstruction <input type="checkbox"/> Other (make comments) <b>Comments</b>
<b>Footrest</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Leg Clearance</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		



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Laptop Computer		If a laptop is the primary computer, determine its current status as well as any separate keyboard, mouse, wrist rest and monitor if present. Identify <b>Issues</b> and <b>Recommendations</b> . <i>NOTE: If a desktop computer is the primary computer go to the Desktop Computer section below.</i>	
Laptop Feature		Issues	Recommendations
<b>Laptop Location</b>	<input type="checkbox"/> Desk <input type="checkbox"/> Other	<input type="checkbox"/> Laptop location, keyboard, mouse and monitor all appropriate	<input type="checkbox"/> None (suitable laptop use)
<b>Keyboard</b>	<input type="checkbox"/> Laptop keyboard <input type="checkbox"/> Separate keyboard (type) <input type="checkbox"/> Straight <input type="checkbox"/> Curved <input type="checkbox"/> Other	<b>Keyboard</b> <input type="checkbox"/> Laptop keyboard location does not allow neutral arm/hand position <input type="checkbox"/> Separate keyboard location does not allow neutral arm/hand position <input type="checkbox"/> Keyboard type does not allow neutral arm/hand position	<b>Keyboard</b> <input type="checkbox"/> Reposition laptop keyboard (make comments) <input type="checkbox"/> Reposition separate keyboard (make comments) <input type="checkbox"/> Add separate keyboard (indicate type): <input type="checkbox"/> Straight <input type="checkbox"/> Curved <input type="checkbox"/> Other (make comments)
<b>Keyboard Technique</b>	<input type="checkbox"/> Piano Player <input type="checkbox"/> Forearm Support	<input type="checkbox"/> No keyboard wrist rest	<input type="checkbox"/> Add gel keyboard wrist rest (make comments)
<b>Keyboard Wrist Rest</b>	<input type="checkbox"/> Yes (part of laptop) <input type="checkbox"/> No (not in place)	<b>Mouse</b> <input type="checkbox"/> Laptop touchpad location does not allow neutral arm/hand position <input type="checkbox"/> Separate mouse location does not allow neutral arm/hand position	<b>Mouse</b> <input type="checkbox"/> Reposition laptop touchpad (make comments)
<b>Mouse</b>	<input type="checkbox"/> Laptop touchpad <input type="checkbox"/> Separate mouse (type) <input type="checkbox"/> Shell (standard) <input type="checkbox"/> Rollerball/Trackball <input type="checkbox"/> Vertical <input type="checkbox"/> Other	<input type="checkbox"/> No mouse wrist rest <input type="checkbox"/> Mouse wrist rest limits wrist/arm motion	<input type="checkbox"/> Add separate mouse (indicate type): <input type="checkbox"/> Shell <input type="checkbox"/> Other (make comments)
<b>Mouse Wrist Rest</b>	<input type="checkbox"/> Yes (part of laptop) <input type="checkbox"/> Yes (separate mouse and mouse wrist rest) <input type="checkbox"/> No (no mouse wrist rest)	<b>Monitor</b> <input type="checkbox"/> Laptop monitor location does not allow neutral head and neck position <input type="checkbox"/> Separate (laptop or separate) location does not allow neutral head and neck position	<input type="checkbox"/> Add gel mouse wrist rest (make comments) <input type="checkbox"/> Remove mouse wrist rest (make comments)
<b>Monitor</b>	<input type="checkbox"/> Laptop monitor <input type="checkbox"/> Separate Monitor (number) <input type="checkbox"/> One <input type="checkbox"/> One separate monitor plus laptop monitor <input type="checkbox"/> Two separate monitors <input type="checkbox"/> Other If two or more monitors: <input type="checkbox"/> Primary/Primary <input type="checkbox"/> Primary/Secondary	<input type="checkbox"/> Monitor position issue: <input type="checkbox"/> Too high <input type="checkbox"/> Too low <input type="checkbox"/> Too far away <input type="checkbox"/> Too close <input type="checkbox"/> Side-to-side alignment issue <input type="checkbox"/> Monitor location issue: <input type="checkbox"/> In front of window <input type="checkbox"/> Window behind monitor <input type="checkbox"/> Lacking window coverings <input type="checkbox"/> <b>Other (comments)</b>	<input type="checkbox"/> Reposition laptop monitor (make comments) <input type="checkbox"/> Add laptop monitor stand (make comments) <input type="checkbox"/> Add separate monitor (make comments) <input type="checkbox"/> Reposition/relocate monitor(s) (make comments) <input type="checkbox"/> Adjust window coverings (make comments) <input type="checkbox"/> <b>Other (comments)</b>
		<b>Comments</b>	<b>Comments</b>
Desktop Computer		If a desktop computer is the primary computer, determine its current location status, as well as the status of the <b>Keyboard, Mouse, Wrist Rests</b> and <b>Monitor</b> . Identify <b>Issues</b> and <b>Recommendations</b> . <i>NOTE: if a laptop computer is the primary computer go to the Laptop Computer section above.</i>	
Desktop Features		Issues	Recommendations
<b>Desktop Location</b>	<input type="checkbox"/> Desk <input type="checkbox"/> Floor	<input type="checkbox"/> Desktop location, keyboard, mouse and monitor all appropriate	<input type="checkbox"/> None (suitable desktop computer use)
<b>Keyboard</b>	<input type="checkbox"/> Keyboard (type) <input type="checkbox"/> Straight <input type="checkbox"/> Curved <input type="checkbox"/> Other	<b>Keyboard</b> <input type="checkbox"/> Keyboard location does not allow neutral arm/hand position <input type="checkbox"/> Keyboard type does not allow neutral arm/hand position	<b>Keyboard</b> <input type="checkbox"/> Reposition keyboard (make comments) <input type="checkbox"/> Add keyboard (indicate type): <input type="checkbox"/> Straight <input type="checkbox"/> Curved <input type="checkbox"/> Other (make comments)
<b>Keyboard Technique</b>	<input type="checkbox"/> Piano Player <input type="checkbox"/> Forearm Support	<input type="checkbox"/> No keyboard wrist rest	<input type="checkbox"/> Add gel keyboard wrist rest (make comments)
<b>Keyboard Wrist Rest</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Keyboard Tray</b> <input type="checkbox"/> Keyboard tray is appropriate	<b>Keyboard Tray</b> <input type="checkbox"/> Reposition keyboard tray (make comments)
<b>Keyboard Tray</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, fill in below):	<input type="checkbox"/> Keyboard tray limits reach access to desk	



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	<input type="checkbox"/> Fixed height/angle <input type="checkbox"/> Adjustable height/angle	<input type="checkbox"/> Keyboard tray <i>location</i> does not allow neutral arm/hand position <input type="checkbox"/> Keyboard tray <i>type</i> does not allow neutral arm/hand position <input type="checkbox"/> Tray not wide enough for both keyboard and mouse <input type="checkbox"/> Mouse platform of tray does not position mouse at same height as keyboard	<input type="checkbox"/> Remove keyboard tray (make comments) <input type="checkbox"/> Modify or replace tray (make comments)
<b>Mouse</b>	<input type="checkbox"/> Mouse (type) <input type="checkbox"/> Shell <input type="checkbox"/> Rollerball/Trackball <input type="checkbox"/> Vertical <input type="checkbox"/> Other	<input type="checkbox"/> Mouse location does not allow neutral arm/hand position <input type="checkbox"/> Mouse type does not allow neutral arm/hand position <input type="checkbox"/> Mouse (separate) location does not allow neutral arm/hand position <input type="checkbox"/> Mouse wrist rest limits wrist/arm motion	<b>Mouse</b> <input type="checkbox"/> Reposition mouse (make comments) <input type="checkbox"/> Change mouse (indicate type): <input type="checkbox"/> Shell <input type="checkbox"/> Rollerball/Trackball <input type="checkbox"/> Vertical <input type="checkbox"/> Other (make comments)
<b>Mouse Wrist Rest</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Mouse</b> <input type="checkbox"/> Add gel mouse wrist rest (make comments) <input type="checkbox"/> Remove mouse wrist rest	<input type="checkbox"/> Add gel mouse wrist rest (make comments) <input type="checkbox"/> Remove mouse wrist rest
<b>Monitor</b>	Monitor (number) <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Other If two or more monitors: <input type="checkbox"/> Primary/Primary <input type="checkbox"/> Primary/Secondary	<b>Monitor(s)</b> <input type="checkbox"/> Laptop monitor location does not allow neutral head and neck position <input type="checkbox"/> Separate (laptop or separate) location does not allow neutral head and neck position <input type="checkbox"/> Monitor position issue: <input type="checkbox"/> Too high <input type="checkbox"/> Too low <input type="checkbox"/> Too far away <input type="checkbox"/> Too close <input type="checkbox"/> Side-to-side alignment issue <input type="checkbox"/> <b>Other (comments)</b> <b>Comments</b>	<b>Monitor(s)</b> <input type="checkbox"/> Reposition monitor(s): <input type="checkbox"/> Raise monitor(s) <input type="checkbox"/> Lower monitor(s) <input type="checkbox"/> Move closer <input type="checkbox"/> Move farther <input type="checkbox"/> Adjust side-to-side <input type="checkbox"/> Add monitor stand <input type="checkbox"/> Add monitor arm <input type="checkbox"/> <b>Other (comments)</b> <b>Comments</b>

**Document Holder** Determine your current **Document Holder** status, **Issues** and **Recommendations**. Make any comments needed.

Document Holder Features		Issues	Recommendation
<b>Holder in use</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Current document holder appropriate <input type="checkbox"/> No document holder in use – not needed <input type="checkbox"/> No document holder in use – awkward head/neck position <input type="checkbox"/> Other (make comments) <b>Comments</b>	<input type="checkbox"/> None <input type="checkbox"/> Add landscape format document holder (make comments) <input type="checkbox"/> Add portrait format document holder (make comments) <input type="checkbox"/> Other (make comments) <b>Comments</b>
<b>Format</b>	<input type="checkbox"/> NA <input type="checkbox"/> Portrait <input type="checkbox"/> Landscape		
<b>Location</b>	<input type="checkbox"/> NA <input type="checkbox"/> Side of keyboard <input type="checkbox"/> Between keyboard/monitor		

**Telephone/Webcam** Determine your current **Telephone and Webcam** status, **Issues** and **Recommendations**. Make any comments needed.

Telephone/Webcam Features		Issues	Recommendation
<b>Telephone</b>	<input type="checkbox"/> Handset <input type="checkbox"/> Headset <input type="checkbox"/> Speaker <input type="checkbox"/> Mobile	<input type="checkbox"/> Telephone type and location appropriate <input type="checkbox"/> Telephone located in awkward position <input type="checkbox"/> Awkward head/neck position with handset use <input type="checkbox"/> Awkward head/neck position with webcam use <input type="checkbox"/> Other (make comments) <b>Comments</b>	<input type="checkbox"/> None <input type="checkbox"/> Reposition telephone <input type="checkbox"/> Add headset to allow for hands-free telephone operation <input type="checkbox"/> Reposition webcam (make comments) <input type="checkbox"/> Other (make comments) <b>Comments</b>
<b>Webcam</b>	<input type="checkbox"/> Laptop <input type="checkbox"/> Separate		



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<b>Storage</b>			Determine your current <b>Desktop and File Storage</b> status, <b>Issues</b> and <b>Recommendations</b> . Make any comments needed.		
<b>Storage Features</b>		<b>Issues</b>		<b>Recommendation</b>	
<b>Desktop OK</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Adequate desktop and file storage <input type="checkbox"/> Limited desktop storage <input type="checkbox"/> Limited file storage <input type="checkbox"/> Other (make comments) <b>Comments</b>		<input type="checkbox"/> None <input type="checkbox"/> Housecleaning to free up space <input type="checkbox"/> Secure file or shelf storage unit <input type="checkbox"/> Add additional file storage (make comment) <input type="checkbox"/> Other (make comments) <b>Comments</b>	
<b>File OK</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>Lighting</b>			Determine your current <b>Overhead and Task Lighting</b> status, <b>Issues</b> and <b>Recommendations</b> . Make any comments needed.		
<b>Lighting Features</b>		<b>Issues</b>		<b>Recommendation</b>	
<b>Overhead OK</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ambient and task lighting appropriate <input type="checkbox"/> Ambient light level too high <input type="checkbox"/> Ambient light level too low <input type="checkbox"/> Task lighting too low <input type="checkbox"/> Task lighting too high <input type="checkbox"/> Other (make comments) <b>Comments</b>		<input type="checkbox"/> None <input type="checkbox"/> Increase ambient light level (make comments) <input type="checkbox"/> Decrease ambient light level (make comments) <input type="checkbox"/> Add desktop task light (make comments) <input type="checkbox"/> Remove desktop task light (make comments) <input type="checkbox"/> Other (make comments) <b>Comments</b>	
<b>Task OK</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Workstation Specifications (inches)			
Specification	Sit	Stand	Description
<b>Seatpan height:</b>			<b>Seatpan height:</b> distance from floor to seatpan (at side of seatpan) with user in chair.
<b>Seatpan depth:</b>			<b>Seatpan depth:</b> distance from back support to front of seatpan and allows for 1.5 to 2" of space between back of knee and front of seatpan.
<b>Seatpan width:</b>			<b>Seatpan width:</b> outside distance from side-to-side of seatpan; allows for 1.5 to 2" between thigh and edge of seatpan.
<b>Armrest height:</b>			<b>Armrest height:</b> distance from top of armrest to floor.
<b>Armrest width</b>			<b>Armrest width:</b> distance between armrests measured from outside edge of each armrest.
<b>Writing / reading desk:</b>			<b>Worksurface height:</b> (writing/reading desk) distance from floor to top surface of worksurface.
<b>Keyboard / mouse height:</b>			<b>Keyboard/mouse height:</b> distance from floor to top surface of platform that keyboard/mouse rest on.
<b>Monitor height:</b>			<b>Monitor height:</b> height from floor to top of monitor screen (not top of monitor bezel).
<b>Monitor distance:</b>			<b>Monitor distance:</b> from eye position (bridge of nose between eyes) to screen.

Follow-up	
<b>Date:</b>	<b>Comments:</b>
<b>Date:</b>	<b>Comments:</b>