

DISPLAY SCREEN EQUIPMENT SELF ASSESSMENT QUESTIONNAIRE

Form DSEQ(UK)

See also Guidance Note 5–11, Display Screen Equipment

Employee name:		
Task and or location:		
		Remarks
DSE Use	Y or N Yes or No	
Is the use of DSE a requirement of your work on a daily basis?	<input type="checkbox"/>	
Do you use the DSE for continuous or near continuous spells of an hour or more at a time?	<input type="checkbox"/>	
Does the majority of your display screen work involve the use of a stand-alone portable laptop computer?	<input type="checkbox"/>	
Screen		
Is the screen located in front of you when using the equipment?	<input type="checkbox"/>	
Is the top of the screen level with your eye level?	<input type="checkbox"/>	
Can the screen be tilted and adjusted to a comfortable position?	<input type="checkbox"/>	
Can the screen be made free of reflections from windows, overhead lighting, etc?	<input type="checkbox"/>	
Keyboard and Mouse		
Can the keyboard be moved to a comfortable position in front of you?	<input type="checkbox"/>	
Is there sufficient room in front of the keyboard to rest your wrists when not using the keyboard?	<input type="checkbox"/>	
Are the keyboard symbols clear and legible?	<input type="checkbox"/>	
Can you operate the mouse or trackball without reaching?	<input type="checkbox"/>	
Can you operate the mouse or trackball with your hand and wrist resting on the desk?	<input type="checkbox"/>	
Is there adequate space to manoeuvre the mouse?	<input type="checkbox"/>	
Chair		
Is the height of the chair adjustable?	<input type="checkbox"/>	
Is the backrest adjustable for height and tilt?	<input type="checkbox"/>	
Do you know how to adjust the height of the chair and or the backrest?	<input type="checkbox"/>	
Is the chair fitted with arms?	<input type="checkbox"/>	
If YES: When the chair is correctly adjusted do the arms of the chair come into contact with the desk? See section on Posture.	<input type="checkbox"/>	

		Remarks
Desk		
Is there adequate work surface to allow a flexible arrangement for the screen, keyboard and mouse operation?	<input type="checkbox"/>	
Is there adequate knee room to obtain a comfortable position?	<input type="checkbox"/>	
General		
Is there adequate lighting?	<input type="checkbox"/>	
Is there adequate humidity in the atmosphere?	<input type="checkbox"/>	
Is the work arranged so that there are breaks away from the DSE?	<input type="checkbox"/>	
Posture		
When positioned to use the keyboard are your upper arms in line with your upper body?	<input type="checkbox"/>	
With your fingers on the keys are your wrists straight?	<input type="checkbox"/>	
When in this position is your back supported by the chair's backrest?	<input type="checkbox"/>	
When in this position do your feet rest comfortably on the floor without the seat digging into the back of your knees or thighs?	<input type="checkbox"/>	
Eye Tests		
Have you had your eyes tested for use with DSE?	<input type="checkbox"/>	
Personal		
Do you suffer from work related aches or pains in your:		
Wrists	<input type="checkbox"/>	
Forearms	<input type="checkbox"/>	
Neck	<input type="checkbox"/>	
Eyes	<input type="checkbox"/>	
Back	<input type="checkbox"/>	
Have you ever suffered from epilepsy?	<input type="checkbox"/>	
Completed by User:		
Manager's Comments:		
Manager's name: _____ Date: _____		
Position: _____		