

Laboratory Evaluation Questionnaire



Laboratory Ergonomic Evaluation Questionnaire

Thank you for requesting an ergonomic evaluation for your microscope workstation! To help us prepare for our in-person visit and provide the most effective recommendations, please take a few moments to answer the following questions. Your detailed responses will help us understand your unique needs and goals.

I. Contact & General Information

- **Name:**
- **Phone Number:**
- **Email Address:**
- **Manager's Email Address:**
- **Job Title:**

II. Your Work & Daily Routine

1. Please describe your primary work activities involving the microscope. What are you looking at, and what tasks do you perform while viewing through the microscope (e.g., counting, measuring, manipulating samples, documenting)?

2. How many hours per day, on average, do you spend at the microscope workstation? 0-2 hours, 2-4 hours, 4-6 hours, 6-8 hours, 8+ hours

3. Do you have continuous stretches of microscope work, or do you frequently switch between microscope use and other tasks (e.g., computer work, paperwork, lab bench activities)?

* ☐ Continuous microscope work

* ☐ Frequently switch tasks

If you frequently switch tasks, how often do you typically move away from the microscope? Every 15-30 min, Every 30-60 min, Every 1-2 hours, A few times a day, Rarely

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4. Beyond the microscope, what other equipment or tools do you frequently use at your workstation (e.g., computer, keyboard, mouse, pipettes, lab instruments, hot plates)?

* ☐ Computer

* ☐ External Keyboard

* ☐ External Mouse

* ☐ Pipettes

* ☐ Lab instruments (e.g., centrifuges, incubators)

* ☐ Hot plates

* ☐ Paperwork/Manual documentation

* ☐ Other (please describe): [Text Field if checked]

5. How often do you typically take breaks from microscope work, and what do those breaks usually involve? Every 30-60 min, Every 1-2 hours, A few times a day, Rarely, Other (please specify)

III. Your Health & Discomfort

1. Are you experiencing any discomfort associated with working at your microscope?

No

Yes (if yes please explain):

Where exactly do you feel the discomfort (e.g., neck, upper back, shoulders, eyes, wrists, hands, forearms, lower back)?

* ☐ Neck

* ☐ Upper Back

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- * ☐ Shoulders
- * ☐ Eyes (e.g., strain, dryness)
- * ☐ Wrists
- * ☐ Hands/Fingers
- * ☐ Forearms/Elbows
- * ☐ Lower Back
- * ☐ Hips
- * ☐ Other (please specify): [Text Field if checked]

What does it feel like (e.g., dull ache, sharp pain, tingling, numbness, burning, stiffness, eye strain)?

- * ☐ Dull ache
- * ☐ Sharp pain
- * ☐ Tingling
- * ☐ Numbness
- * ☐ Burning
- * ☐ Stiffness
- * ☐ Eye strain
- * ☐ Headache
- * ☐ Other (please specify): [Text Field if checked]

When does it tend to occur (e.g., after a certain amount of time at the microscope, after specific tasks, at the end of the day)?

[Dropdown: After a certain amount of time at the microscope, After specific tasks, At the end of the day, All day, Other (please specify)]

On a scale of 1 to 10 (with 10 being the worst pain imaginable), what's your typical discomfort level on an average workday?

2. Have you experienced this discomfort for a while, or is it a more recent development? [Dropdown: A while (more than 3 months), Recent (less than 3 months)]

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3. Have you sought any medical attention for this discomfort, or are you currently undergoing any treatment
No
yes, please specify (e.g., physical therapy, chiropractor, medication, vision correction, doctor's visits)

4. If you have a confirmed medical diagnosis from a doctor that you feel relates to your microscope work (e.g., carpal tunnel syndrome, cervicalgia, eye conditions), please explain it here.

5. Please list any other chronic medical conditions or significant accidents you've had in the last twenty (20) years that might be relevant to your workstation setup or posture.

6. Do you wear any braces, insoles, or other prescribed devices (e.g., specific vision glasses, loupes, headsets) while working?
No
Yes (please specify)

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IV. Your Physical Characteristics

- **Height:**
- **Weight:**
- **Age:** Under 25, 25-34, 35-44, 45-54, 55-64, 65+]

Dominant Hand: * ☐ Right-handed * ☐ Left-handed

- Do you have any known physical limitations, joint stiffness, or restricted range of motion that we should be aware of when assessing your setup? No yes, please explain

V. Your Current Microscope Workstation & Equipment

1. Please describe your primary microscope workstation setup:

Microscope Type: What kind of microscope do you use (e.g., upright, inverted, stereo, digital)?

[Dropdown: Upright, Inverted, Stereo, Digital, Other (please specify)]

Eyepieces:

* ☐ Fixed

* ☐ Adjustable (e.g., inclinable head)

* ☐ Other (please specify): [Text Field if checked]

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Chair: What kind of chair do you use[Dropdown: Lab stool, Standard office chair, Specialized ergonomic chair, Fixed chair, Other (please specify)]

* Is it adjustable? ☐ Yes ☐ No

Work Surface: [Dropdown: Fixed-height bench, Adjustable table (manual), Adjustable table (electric), Custom workstation, Other (please specify)]

How is your lighting configured at the microscope workstation
(Select all that apply)

- * ☐ Built-in microscope illumination
- * ☐ External light sources (e.g., fiber optic illuminator)
- * ☐ Overhead room lighting (e.g., fluorescent, LED)
- * ☐ Natural light from windows
- * ☐ Task lamp
- * ☐ No specific task lighting
- * ☐ Other (please describe): [Text Field if checked]

Do you experience any glare or reflections on the microscope eyepieces or other surfaces?

No

Yes

2. When you are working at the microscope, are your feet comfortably supported on the floor (or on a footrest)?

No

Yes

3. Are your hips against the back of the chair when you are seated at the microscope?

No

Yes

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4. Is the backrest of your chair adjusted to properly support your back during microscope use?
No
yes
5. Is your seat long enough and wide enough to comfortably support your hips and thighs without causing pressure at the back of your knees?
No
yes
6. Do you use a computer in conjunction with your microscope (e.g., for image capture, data entry, analysis)?
No
Yes, please describe its setup (e.g., monitor position, keyboard, mouse).
7. Are there any other current challenges you face with your microscope workstation setup that you've noticed yourself?

VI. Additional Information & Next Steps

- Please use the box below for any additional information or comments you wish to provide (optional).

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Please send two (2) pictures of yourself working at your microscope workstation to info@ergonomicworks.com.

- In the email heading, please include your **full name** and "microscope ergonomic evaluation."
- It's ideal for the pictures to show as much of your body and workstation as possible, including your posture at the microscope and the surrounding work area.

Completing this questionnaire will help us understand your specific needs for a microscope workstation and allows us to make the most of our in-person evaluation. If we need any clarification, we will either call or email you directly.

We look forward to working with you!