
VDT Workplace Questionnaire

Work Practices:

1. Number of hours per workday of VDT viewing. _____
2. How long have you worked at a VDT job? _____
3. Type of work habits: (circle one)
 - a) Intermittent—periods of less than 1 hour
 - b) Intermittent—periods of more than 1 hour
 - c) Constant—informal breaks, as required
 - d) Constant—regular breaks
 - e) Constant—no breaks, other than meals
4. How often do you clean your display screen? _____

Environment:

5. Lighting in the work area: (circle all that apply)

Fluorescent overhead only
Incandescent overhead only
Fluorescent and incandescent overhead
Fluorescent overhead and incandescent direct

Window light: (please circle one) in front behind to the side
Window light control (please circle one): curtains blinds (vertical/horizontal)
Desk Lamp/Task Light _____
Other (describe) _____

6. Walls: Color _____ Shiny / Dull finish?
7. Desk surfaces: Color _____ Shiny / Dull finish?
8. How would you rate the brightness of the room? (please circle one)
 very bright medium dim

Display Screen:

9. What color are the letters on your screen? _____
10. What color is the background of your screen? _____

11. Viewing distance from your eye to VDT screen: _____ inches.

12. Can the monitor be tilted? Y N

13. Can you adjust the monitor height? Y N

14. Do you notice the screen flicker? Y N

15. Does the screen have a glare filter? Y N
What type? glass mesh

16. Top of VDT screen (above, equal to, below) eye level?

17. If above or below, by how many inches? _____

Workstation:

18. Viewing distance from your eye to keyboard: _____ inches.

19. Viewing distance from your eye to hard copy material: _____ inches.

20. Reference material is (to the side, below) the screen?

21. If to the side, is it next to the screen or keyboard? Y N

22. Is this height adjustable? Y N

23. Is the monitor supported on a? (please circle one) stand desk CPU

24. Is this adjustable? Y N

25. Is all of your hard-copy material visible without significant movements? Y N

Visual Symptoms:

26. Do you have any of these symptoms during or after VDT work: (circle all that apply)

Eyestrain	Double Vision	Headaches	Backache
Neck / Shoulder / Wrist ache	Color Distortion	Blurred Near Vision	
Blurred Distant Vision	Light Sensitivity	Dry / Irritated Eyes	

27. Do you wear glasses while working at the VDT? Y N

28. If yes, what type? (please circle one

single vision bifocal progressive ("no-line bifocal")

29. Do you wear contact lenses while working at the VDT? Y N

30. If yes, what type? (please circle one)

soft

gas permeable

hard lenses