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