

DISPLAY SCREEN EQUIPMENT SELF ASSESSMENT QUESTIONNAIRE

Form DSEQ

See Guidance Note – Display Screen Equipment

Name of DSE User:

Location of Workstation:

		Remarks
DSE Use		
1 Is the use of DSE a requirement of your work on a daily basis?	Yes / No	
2 Do you use the DSE for continuous or near continuous spells of an hour or more at a time?	Yes / No	
Screen		
3 Is the screen located in front of you when using the equipment?	Yes / No	
4 Is the top of the screen level with your eye level?	Yes / No	
5 Can the screen be tilted and adjusted to a comfortable position?	Yes / No	
6 Is the screen free of reflections e.g. windows, overhead lighting?	Yes / No	
Keyboard / Mouse		
7 Can the keyboard be moved to a comfortable position in front of you?	Yes / No	
8 Is there sufficient room in front of the keyboard to rest your wrists when not using the keyboard?	Yes / No	
9 Are the keyboard symbols clear and legible?	Yes / No	
10 Can you operate the mouse / trackball without reaching?	Yes / No	
11 Can you operate the mouse / trackball with your hand/wrist resting on the desk?	Yes / No	
12 Is there adequate space to manoeuvre the mouse?	Yes / No	
Chair		
13 Is the height of the chair adjustable?	Yes / No	
14 Is the backrest adjustable for height and tilt?	Yes / No	
15 Do you know how to adjust the height of the chair / backrest?	Yes / No	
16 Is the chair fitted with arms?	Yes / No	
17 If YES: When the chair is correctly adjusted do the arms of the chair come into contact with the desk? See section on Posture.	Yes / No	
Desk		
18 Is there adequate work surface to allow a flexible arrangement for the screen, keyboard and mouse operation?	Yes / No	

		Remarks
19 Is there adequate knee room to obtain a comfortable position?	Yes / No	
General		
20 Is there adequate lighting?	Yes / No	
21 Is there adequate humidity in the atmosphere?	Yes / No	
22 Is the work arranged so that there are breaks away from the DSE?	Yes / No	
Posture		
23 When positioned to use the keyboard are your upper arms in line with your upper body?	Yes / No	
24 With your fingers on the keys are your wrists straight?	Yes / No	
25 When in this position is your back supported by the chair's backrest?	Yes / No	
26 When in this position do your feet rest comfortably on the floor without the seat digging into the back of your knees / thighs?	Yes / No	
Eye Tests		
27 Have you had your eyes tested for use with DSE?	Yes / No	
Personal		
Have you ever suffered from work related aches or pains in your:		
28 Wrists	Yes / No	
29 Forearms	Yes / No	
30 Neck	Yes / No	
31 Eyes	Yes / No	
32 Back	Yes / No	
33 Have you ever suffered from epilepsy?	Yes / No	
Signed by User:	Date:	
Manager's Comments:		
Manager's Signature:		
Position:		
Risk Assessment Form Link Ref No:		