



In order to assist us in the process of suggesting suitable product(s), please provide the information outlined below.

Organisation/Company: \_\_\_\_\_

Coordinator's Name: \_\_\_\_\_

Coordinator's Telephone: \_\_\_\_\_

Client's Name: \_\_\_\_\_

Client's Job Title: \_\_\_\_\_

Client's Telephone: \_\_\_\_\_

Sex: M  F  Age: \_\_\_\_\_

Weight or Build: \_\_\_\_\_ Height: \_\_\_\_\_ cm

PLEASE TAKE ALL MEASUREMENTS WHEN SEATED

A: Under buttock to top of shoulder: \_\_\_\_\_ cm

B: Under buttock to centre of lumbar curve: \_\_\_\_\_ cm

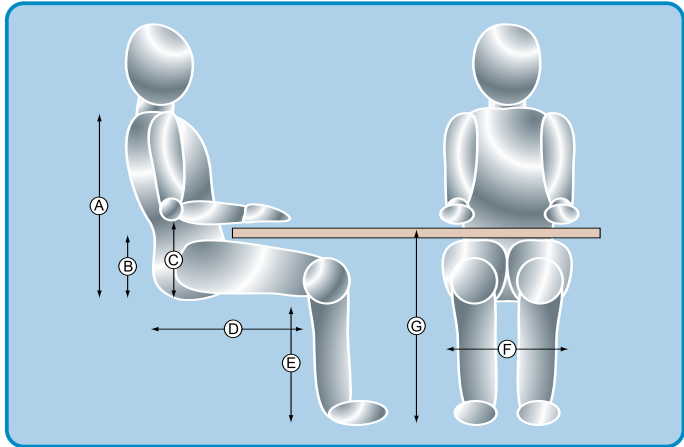
C: Under elbow to under buttock: \_\_\_\_\_ cm

D: Back of buttock to behind knee: \_\_\_\_\_ cm

E: Under knee to base of foot (in shoes): \_\_\_\_\_ cm

F: Width across hips: \_\_\_\_\_ cm

G: Height of desk (to top of surface): \_\_\_\_\_ cm



ABOUT YOU

Are you a touch typist? YES  NO

Which is your dominant hand? LEFT  RIGHT

Do you use a mouse? YES  NO

If so, which hand do you use? LEFT  RIGHT

Do you work full or part time? FULL  PART

Approximately how do you spend your time?

Computer: \_\_\_\_\_ %

Writing: \_\_\_\_\_ %

Reading: \_\_\_\_\_ %

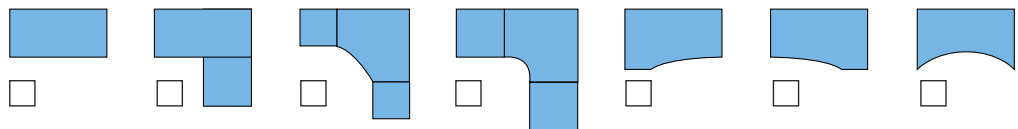
Meetings: \_\_\_\_\_ %

Away from desk: \_\_\_\_\_ %

100% Total

ABOUT YOUR WORKSTATION

Which is closest to your desk shape?



Drawers: Pedestal on castors  Attached to desk  Footrest: Yes  No  Copy holder: Yes  No

Computer type: Desktop  Laptop  If a Laptop, do you have a docking station?: Yes  No

If a Desktop, what is its position? Under the monitor  On desk  Under desk

Monitor position: Directly on desk  On top of computer  On fixed stand  On adjustable arm

Mouse position: Close to keyboard  Away from keyboard  Not consistent

Any other medical or historical information relevant to this enquiry: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

