



## WORKING FROM HOME ASSESSMENT

Name

Date of Birth

Your Email

Your Employer

Date

Please read the information on this first page before completing your assessment, thank you.

Home assessment forms are also available with a [green background](#) or a [white background](#).

Please click on the required colour and we will send this to you.

This is a Display Screen Equipment (DSE) working from home risk assessment and should be completed by all those who use a computer to carry out duties for their employer. This includes the use of laptops and handheld devices

The assessment is provided to ensure you are working safely and as comfortably as possible.

Please complete the form using the computer and equipment that you normally use when working from home.

You should be able to answer all of the questions directly on the form.

When completed please save to your computer and send to [info@dsesolutions.co.uk](mailto:info@dsesolutions.co.uk) for review.

One of our specialist DSE Assessors will reply within 48 hours by email with advice and a list of recommendations if any are required.

This is FREE service to help you work more comfortably at home.

Alternatively; send the completed form to your manager or employer for review.

**The personal information you provide is private & confidential and will not be shared.**

Providing your personal information is optional and not necessary for you to receive free feedback and advice.

However, we will require a valid email address.

Do you wish to receive information from DSE Solutions Ltd in the future?  Yes  No

**Your DSE Solutions Contact**

**Simon Revington-Dean**

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**[www.dsesolutions.co.uk](http://www.dsesolutions.co.uk)**

**DSE Solutions Ltd, Registered in England No: 07419943**



## ABOUT YOU AND HOW YOU WORK

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- 1. Approximately how many hours per day do you work from home?  
*This relates to computer related duties*  1-2  2-4  4-6  6+
  - 2. Do you work for yourself and work from home?  Yes  No
  - 3. Are you employed and work part of the week at home and part of the week within the office?  Yes  No
  - 4. Are you employed and work some hours at home and some hours visiting clients?  Yes  No
  - 5. Are you employed and work only from home?  Yes  No
  - 6. Have you been told to work from home due to Covid-19?  Yes  No
  - 7. Has Covid-19 guidance resulted in you working from home due to medical reasons?  Yes  No
  - 8. Have you been asked to complete an assessment or questionnaire relating to working from home and what equipment you are using?  Yes  No
  - 9. Have you been provided with guidance from your employer following an assessment or questionnaire?  N/A  Yes  No
  - 10. Have you been provided with any equipment to help you work from home?  Yes  No
  - 11. Have you found all of the equipment you have been provided suitable and comfortable to use?  Yes  No
  - 12. Have you informed the company you work for that the equipment you have been provided is not suitable or comfortable to use?  N/A  Yes  No
- Do you experience any pain or numbness in any of the following areas when using or after using your computer equipment?
- 13. Lower Back  Yes  No
  - 14. Middle or Upper Back  Yes  No
  - 15. Left Shoulder  Yes  No
  - 16. Right Shoulder  Yes  No
  - 17. Left Hand/Wrist  Yes  No
  - 18. Right Hand/Wrist  Yes  No
  - 19. Left Arm  Yes  No
  - 20. Right Arm  Yes  No



- 21. Left Hip/Buttock  Yes  No
- 22. Right Hip/Buttock  Yes  No
- 23. Are you receiving treatments or require medication to help reduce your pain or symptoms?  Yes  No
- 24. Are you awaiting treatment/surgery to help reduce your pain or symptoms?  Yes  No
- 25. Are you using any additional equipment to help reduce any of these symptoms when working from home? *Please answer even if you have provided this equipment yourself*  Yes  No
- 26. Have you found the additional equipment suitable and comfortable to use?  N/A  Yes  No
- 27. Have you informed the company you work for if any of the additional equipment you are using is not suitable or comfortable to use?  N/A  Yes  No
- 28. Do you feel you require additional training or guidance on to use any of your additional equipment correctly?  N/A  Yes  No
- 29. Do you feel you require any additional equipment to reduce pain or symptoms?  Yes  No

## ABOUT YOUR VISION

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- 30. I can read data clearly without glasses/contacts  Yes  No
- 31. I use reading glasses/contacts to read data  Yes  No
- 32. I use varifocals to read data  Yes  No
- 33. I cannot read data clearly on the screen  Yes  No
- 34. Do you use vision software or reading software to read data on the screen?  Yes  No
- 35. Have you found all of the software you have been provided suitable and/or comfortable to use?  N/A  Yes  No
- 36. Have you informed the company you work for if the software you have been provided is not suitable and/or comfortable to use?  N/A  Yes  No
- 37. Do you feel you require additional training or guidance on to use the software correctly?  N/A  Yes  No
- 38. Do you suffer with headaches or migraines?  Yes  No
- 39. Approximately how long since your last eye test?  1-12 Months  1-2 Years  2 + Years  Never
- 40. Do you take regular breaks away from your desk?  Yes  No

## ABOUT YOUR HEARING

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41. Do you have any loss of hearing?  Yes  No
42. Do you use a hearing aid?  N/A  Yes  No
43. Have you been provided with any additional equipment to assist you with your hearing?  N/A  Yes  No
44. Have you found all of the equipment you have been provided suitable and/or comfortable to use?  N/A  Yes  No
45. Have you informed the company you work for that the equipment you have been provided is not suitable and/or comfortable to use?  N/A  Yes  No

## ABOUT YOUR DESK AND DESK AREA

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46. I have a designated room that is my office  Yes  No
47. I use an office desk within a designated space  Yes  No
48. I use the dining room table  Yes  No
49. I do not use a desk or table  Yes  No
50. If you don't have a desk do you have room for one within your home?  N/A  Yes  No
51. Is the work surface large enough for your tasks?  Yes  No
52. Is the area beneath the desk clear of obstructions?  N/A  Yes  No
53. Do you feel the desk is a suitable height and comfortable to use?  Yes  No
54. Does the area you work in have sufficient lighting?  Yes  No

## ABOUT YOUR SEATING

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55. Do you use a wheelchair?  Yes  No
56. If you work from a wheelchair are can you reach all your computer equipment comfortably?  N/A  Yes  No
57. If you transfer from your wheelchair into an office chair can you do so without assistance and do you feel safe doing so?  N/A  Yes  No
58. Do you use an office chair with a 'five star' base?  
*This means five wheels or glides*  Yes  No



- 59. Is the chair height adjustable?  Yes  No
- 60. Can you adjust the backrest on your chair?  Yes  No
- 61. Do you sit right back in your chair to receive back support?  Yes  No
- 62. Is the chair fitted with adjustable lumbar support?  Yes  No
- 63. Have you added additional cushions or back supports to the chair in an attempt to improve comfort?  Yes  No
- 64. Is the chair fitted with armrests?  Yes  No
- 65. Are the armrest height adjustable?  N/A  Yes  No
- 66. Can you rest your arms comfortably on the armrests when using your keyboard and mouse?  N/A  Yes  No
- 67. Are your knees level or lower than your hips when seated at your desk?  Yes  No
- 68. Do you find your chair comfortable?  Yes  No
- 69. Do you feel you require additional training to use the chair correctly?  N/A  Yes  No
- 70. Do you feel the chair is damaged and requires replacing?  Yes  No
- 71. Can your feet touch the floor or footrest comfortably?  N/A  Yes  No
- 72. Do you use a footrest?  Yes  No
- 73. Is the footrest damaged and requires replacing?  N/A  Yes  No
- 74. Do you feel you need a footrest?  Yes  No

## ABOUT YOUR COMPUTER

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### LAPTOPS AND TABLETS

*Please answer the following questions if you use a laptop or tablet. If you only use a desktop computer please go to question 86*

- 74. Do you use a tablet as your main device?  Yes  No
- 75. Do you use a laptop/notebook as your main device?  Yes  No
- 76. I use a laptop that screen size is 17" or less  Yes  No

77. I use a laptop that screen size is larger than 17"  Yes  No
78. Is the screen raised to a comfortable viewing height?  Yes  No
79. Is the screen directly in front of you?  Yes  No
80. Do you connect a separate keyboard?  Yes  No
81. Is the keyboard working correctly and comfortable to use?  Yes  No
82. Do you connect a separate mouse?  Yes  No
83. Is the mouse working correctly and comfortable to use?  Yes  No
84. Is the laptop or tablet working correctly?  Yes  No
85. Have you informed the company you work for that the laptop or tablet is not working correctly?  N/A  Yes  No
86. Do you feel you require additional training to use the laptop or tablet correctly or efficiently?  Yes  No

## DESKTOPS

*Please answer the following questions if you use a desktop computer*

87. Do you use a desktop computer as your main device?  Yes  No
88. Is the screen at a comfortable viewing distance?  
(Full arm's length or approx. 70cm)  Yes  No
89. Is the screen/s raised to a comfortable viewing height?  
(Top of the screen at eye level)  Yes  No
90. Is the screen/s directly in front of you?  Yes  No
91. Is the keyboard working correctly and comfortable to use?  Yes  No
92. Is the mouse working correctly and comfortable to use?  Yes  No
93. Do you connect a separate keyboard?  Yes  No
94. Is the keyboard working correctly and comfortable to use?  Yes  No
95. Do you connect a separate mouse?  Yes  No
96. Is the computer working correctly?  Yes  No
97. Do you feel you require additional training to use the computer correctly or more efficiently?  Yes  No

## PAPER DOCUMENTS

*Please answer the following questions if you refer to paper documents or files*

98. Can you read paper documents/files comfortably? (*Not twisting or leaning*)  Yes  No
99. Do you use a document holder?  Yes  No
100. Is the document holder damaged and requires replacing?  Yes  No
101. Have you informed the company you work for that the document holder is damaged?  Yes  No
102. Do you feel you need a document holder?  Yes  No

## SOFTWARE & ASSISTIVE DEVICES

*Please answer the following questions if you have been provided with any additional software or assistive devices*

103. Does the additional software or devices work correctly?  Yes  No
104. Do you feel you need any additional software or assistive devices to help you with your duties?  Yes  No
105. Do you feel you need any additional training to assist you to use the software or assistive devices more efficiently?  Yes  No

## TELEPHONE USE AND VIDEO CALLS

*Please answer the following questions if you make or receive phone calls or video calls*

106. Do you make or receive telephone or video calls during a normal working day?  Yes  No
107. Is making or receiving telephone or video calls one of your main duties?  Yes  No
108. Do you use a headset?  Yes  No
109. Does the headset work correctly so you can hear and be heard clearly?  N/A  Yes  No
110. Do you feel you require a telephone headset?  Yes  No
111. Does making telephone calls or video calls cause you any concerns?  Yes  No
112. Do you feel you require additional training to assist you with these duties?  Yes  No