



DISPLAY SCREEN EQUIPMENT D.S.E. POLICY ASSESSMENT

Please take a few minutes to record your views in this survey. Your views and opinions are a very important part of helping us to find ways to improve health and safety in our workplace.

NAME		
DATE		
Do you experience any discomfort or other symptoms which you attribute to working with computer display screens?		
	Yes:	No:
Aches / pains in the legs		
Aches / pains in the lower back		
Aches / pains in the arms or shoulders		
Headaches		
Tired sore eyes		
Stress		
If you have answered yes to any of the above please provide a little more information?		
How do you think we might be able to improve the way we work with computers?		

