

## Quick workspace assessment

- |  | yes                      | no                       |
|--|--------------------------|--------------------------|
| 1. Have you had a major change to your workspace?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is your last workspace assessment longer than 2 years ago?        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you suffer from neck and lower back pain?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you suffer from arm and shoulder pain?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you get pins and needles in your fingers?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you suffer from headaches?                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you work on without taking regular breaks from your workspace? | <input type="checkbox"/> | <input type="checkbox"/> |

**If you answered 'yes' to any of the above, you may need a workspace assessment. Save this questionnaire and send as an attachment to Island Posture Centre, or contact Richie direct on [info@islandposturecentre.com](mailto:info@islandposturecentre.com) or call 07781146007.**

Name:

Email:

Phone: