

# Display Screen Equipment

## User Identification Questionnaire

Name of Employee:

Document  
loaded:

Department/  
Location of DSE:

Issued by:

Date issued to  
Employee:

1. **If necessary**, could you adequately perform your daily tasks, without using a VDU (involving the viewing of data)?

☐ Yes

☐ No

2. On an average day, what do you consider the maximum length of time you would be able to work on a VDU, without having a break or doing anything else?

☐ 0 – 1 hour

☐ 1 – 2 hour

☐ 2 – 3 hours

☐ 3 hours and over

3. On average, how many days a week would you use a VDU continually for a period of one day?

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

Please return the completed questionnaire to:

### To be completed by the Issuer:

Total Score per DSE User Identification Score:

Employee identified as User (Score > 7):

Employee Name:

Signature:

Date: